

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022527

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: TOM & CAROL SPECIALTIES, INC.

**Current Principal Place of Business:**

10122 SOUTHWEST 117TH COURT  
MIAMI, FL 33186

**New Principal Place of Business:**

1445 WELLINGTON COURT  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 165132  
MIAMI, FL 33116

**New Mailing Address:**

PO BOX 100195  
CAPE CORAL, FL 33910

FEI Number: 65-1083513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVY, BRIAN D ESQ.  
4052 VENTURA AVENUE  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROTT, CAROL  
Address: 10122 SOUTHWEST 117TH COURT  
City-St-Zip: MIAMI, FL 33186

Title: VSTD ( ) Delete  
Name: BROTT, THOMAS W  
Address: 10122 SOUTHWEST 117TH COURT  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BROTT, CAROL  
Address: 1445 WELLINGTON COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: VSTD (X) Change ( ) Addition  
Name: BROTT, THOMAS W  
Address: 1445 WELLINGTON COURT  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W BROTT

VSTD

02/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date