

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007760

Entity Name: SPECIAL COMICS, INC.

FILED
Jul 18, 2005
Secretary of State

Current Principal Place of Business:

5026 NW 95TH DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5026 NW 95TH DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 02-0564908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, LORETTA
5026 NW 95TH DRIVE
POMPANO BEACH, FL 33076 US

Name and Address of New Registered Agent:

KIRSHNER, LORETTA
5026 NW 95TH DRIVE
POMPANO BEACH, FL 33076 US

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: LORETTA KIRSHNER

07/18/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEPASQUALE, SHAWN
Address: 9775 NW 48TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DP () Delete
Name: KIRSHNER, LORETTA
Address: 5026 N.W. 95TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEPASQUALE, SHAWN
Address: 5508 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CINDEE DE PASQUALE

D

07/18/2005

Electronic Signature of Signing Officer or Director

Date