

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104137

FILED
Apr 25, 2011
Secretary of State

Entity Name: SPECIALTIES SOURCE INC.

Current Principal Place of Business:

3055 NW 60TH STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

3520 NW 56TH STREET
SUITE 303
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3055 NW 60TH STREET
FORT LAUDERDALE, FL 33309

New Mailing Address:

3520 NW 56TH STREET
SUITE 303
FORT LAUDERDALE, FL 33309

FEI Number: 11-3666240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, LYNN
2200 NE 16TH AVE.
WILTON MANORS, FL 33305 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

OFFICERS AND DIRECTORS:

Title: DVPS
Name: WILLIAMSON, LYNN
Address: 2200 NE 16TH AVE.
City-St-Zip: WILTON MANORS, FL 33305

Title: DPT
Name: FAUST, ROBERT
Address: 11238 NW 70TH CT.
City-St-Zip: PARKLAND, FL 33076

Title: D
Name: FAUST, DEBORAH
Address: 11238 NW 70TH CT.
City-St-Zip: PARKLAND, FL 33076

Title: D
Name: WILLIAMSON, HUGH
Address: 2200 NE 16TH AVE
City-St-Zip: WILTON MANORS, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: LYNN WILLIAMSON

VP

04/25/2011

Electronic Signature of Signing Officer or Director

Date