## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2005 08:00 AM Secretary of State

1. Entity Nan	SPECIALTIES INC	13		Secretary of State
7605 PROG	RESS CIR UNIT 4	Mailing Address 7605 PROGRESS CIR UNIT 4 W MELBOURNE, FL 32904		
E	OO NOT WRITE I		CE	01122005 No Chg-P CR2E034 (10/03)  4. FEI Number
ANDRIULLI, CARMELO 7605 PROGRESS CIR UNIT 4 W MELBOURNE, FL 32904				DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00				
10.	OFFICERS AND DIRE	CTORS		
NAME STREET ADORESS CITY-ST-ZIP	ANDRIULLI, CARMELO 7605 PROGRESS CIR UNIT 4 W MELBOURNE, FL 32904			######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP				UI/3/1/05-80001-808 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, — <del>— —</del> — — — — — — — — — — — — — — — —		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the corchanged.	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	filing does not qualify for the exer and accurate and that my signated to execute this report as requir all other like empowered.	nption stated in Secure shall have the s ed by Chapter 607	section 119.07(3)(i), Florida Statutes, I further certify that the information is same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_