

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000092241**

1. Entity Name  
**SPECIALIZED SYSTEMS TECHNOLOGIES INC.**



Principal Place of Business  
**11924 FOREST HILL BOULEVARD  
SUITE 22/261  
WELLINGTON, FL 33414 US**

Mailing Address  
**11924 FOREST HILL BOULEVARD  
SUITE 22/261  
WELLINGTON, FL 33414 US**

**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-4267297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIEGEL, HOWARD  
11924 FOREST HILL BLVD, SUITE 22/261  
WELLINGTON, FL 33414**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SIEGEL, HELEN B
STREET ADDRESS	120 BLACK OLIVE CRESCENT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	SIEGEL, ELANA B
STREET ADDRESS	120 BLACK OLIVE CRESCENT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	P
NAME	SIEGEL, HOWARD
STREET ADDRESS	120 BLACK OLIVE CRESCENT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000691584  
04/13/07-80016-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/07 801-792-0041**  
Date Daytime Phone #