

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000190

Entity Name: NANOSPEC COPRPORATION

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1959 MID OCEAN CIRCLE
SARAASOTA, FL 34239

New Principal Place of Business:

1959 MID OCEAN CIRCLE
SARASOTA, FL 34239 US

Current Mailing Address:

1959 MID OCEAN CIRCLE
SARASOTA, FL 34239

New Mailing Address:

73 BIRCH ST
ISLIP, NY 11751 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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 (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLMAN, EDWARD
Address: 1959 MID OCEAN CIRCLE
City-St-Zip: SARAASOTA, FL 34239

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: GILLMAN, EDWARD
Address: 1959 MID OCEAN CIRCLE
City-St-Zip: SARAASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD GILLMAN

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date