

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034642

Entity Name: SITE SPECIALISTS LIMITED, INC.

FILED
Feb 20, 2006
Secretary of State

Current Principal Place of Business:

180 ISLE OF VENICE DRIVE
UNIT 199
FT LAUDERDALE, FL 33301

New Principal Place of Business:

529 RIVIERA DRIVE
FT LAUDERDALE, FL 33301

Current Mailing Address:

180 ISLE OF VENICE DRIVE
UNIT 199
FT LAUDERDALE, FL 33301

New Mailing Address:

529 RIVIERA DRIVE
FT LAUDERDALE, FL 33301

FEI Number: 65-1218422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESLIN, CRAIG
180 ISLE OF VENICE DRIVE
UNIT 199
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HESLIN, CRAIG
529 RIVIERA DRIVE
FT LAUDERDALE, FL 33301 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: CRAIG HESLIN

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HESLIN, CRAIG
Address: 180 ISLE OF VENICE DR UNIT 199
City-St-Zip: FT LAUDERDALE, FL 33301

Title: S () Delete
Name: PEREZ, RACHAEL
Address: 180 ISLE OF VENICE DR UNIT 199
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HESLIN, CRAIG
Address: 529 RIVIERA DRIVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: S (X) Change () Addition
Name: PEREZ, RACHAEL
Address: 529 RIVIERA DRIVE
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG HESLIN

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02/20/2006

Electronic Signature of Signing Officer or Director

Date