

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044196

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: SPECIALTY CONCEPTS & RESTORATION, INC.

## Current Principal Place of Business:

132 JACKSON AVENUE  
LAKE WORTH, FL 33463

## New Principal Place of Business:

137 JACKSON AVENUE  
LAKE WORTH, FL 33463

## Current Mailing Address:

132 JACKSON AVENUE  
LAKE WORTH, FL 33463

## New Mailing Address:

137 JACKSON AVENUE  
LAKE WORTH, FL 33463

FEI Number: 74-3116406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GABLE, MARK  
132 JACKSON AVENUE  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

GABLE, MARK  
137 JACKSON AVENUE  
LAKE WORTH, FL 33463 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: MARK GABLE

02/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GABLE, MARK  
Address: 132 JACKSON AVENUE  
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete  
Name: GABLE, CAROLYN  
Address: 132 JACKSON AVENUE  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GABLE, MARK  
Address: 137 JACKSON AVENUE  
City-St-Zip: LAKE WORTH, FL 33463

Title: V (X) Change ( ) Addition  
Name: GABLE, CAROLYN  
Address: 137 JACKSON AVENUE  
City-St-Zip: LAKE WORTH, FL 33463

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: MARK GABLE

P

02/27/2006

Electronic Signature of Signing Officer or Director

Date