


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90035 021 ***150.00

DOCUMENT # P04000108558	
1. Entity Name SPECIALTY PEOPLE, INC.	

Principal Place of Business 2205 CLIMBING IVY DRIVE TAMPA, FL 33618	Mailing Address PO BOX 1219 CAROLINA BEACH, NC 28428
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2. Principal Place of Business - No P.O. Box # 4077 Orient Drive	3. Mailing Address PO Box 7898
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hernando Beach NC	City & State Wilmington NC
Zip 34607	Zip 28406
Country US	Country US



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2185613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QUALITY BOOKKEEPING SERVICES, INC. 4000 OLEANDER DRIVE SUITE 2B WILMINGTON, NC, FL 28403	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LAWSON, STEPHEN J 2205 CLIMBING IVY DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4077 Orient Drive Hernando Beach FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC LAWSON, TRACY D 2205 CLIMBING IVY DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4077 Orient Drive Hernando Beach FL 34607
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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: Julie Williams Julie Williams RA 4/30/07 910-452-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #