



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000023519 1. Entity Name SHELVING & SPECIALTIES, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUL 24 AM 8:58	
Principal Place of Business 106 W. WINDHORST ROAD 101 BRANDON, FL 33510 US				Mailing Address 106 W. WINDHORST ROAD 101 BRANDON, FL 33510 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent DURKIN, WILLIAM H 106 W WINDHORST ROAD 101 BRANDON, FL 33510				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.				4. FEI Number 61-1484237			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: VP <input type="checkbox"/> Delete NAME: HUETHER, DEBRA STREET ADDRESS: 20706 BROADWATER DR CITY-ST-ZIP: LAND O'LAKES, FL 34638				TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DEBRA HUETHER STREET ADDRESS: 20706 BROADWATER DR. CITY-ST-ZIP: LAND O'LAKES, FL 34638			
TITLE: P <input checked="" type="checkbox"/> Delete NAME: DURKIN, WILLIAM H STREET ADDRESS: 106 W WINDHORST ROAD CITY-ST-ZIP: BRANDON, FL 33510				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 300078280123 STREET ADDRESS: 08/02/06--01060--011 CITY-ST-ZIP: **70.00			
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:			
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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: 				Date: 7/14/06 Daytime Phone #: 813-917-3098			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							