## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 8:00 am Secretary of State

ANNUAL REPORT				K	Secretary or State			
DOCU	MENT # P050001114	<b>45</b>		04-14-2006 9	90141 013 ***15	0.00		
	ECIAL SERVICES, INC.							
Principal Plac	re of Business	Mailing Address	81	- gu	N40112			
718 SUNNY GREENACRES	PINE WAY, SUITE B-1 S. FL 33145	718 SUNNY PINE WAY, S GREENACRES, FL 3314		-	45 1			
2393	Place of Business S. CONGLESS AV.	3. Mailing Address 3393 So. Cou	KAKES AK					
Suite, Apt.	200	Suite, Apt. #, etc.	)	03022006	Chg-P	CR2E034 (11/05)		
Vest	MAY Bash FL.	City & State / PAR	N BESCH	4. FEI Numbe	293454	No	optied For ot Applicable	
<sup>2</sup> 33:	6. Name and Address of Current R	33406	Country	<u> </u>	of Status Desired	□ \$8.75 Add Fee Require		
-,-	o. Name and Address of Current R	redistered Agent	Name	7. Name and	Address of New Re	egistered Agent		
MARTINEZ I, HECTOR R 718 SUNNY PINE WAY, SUITE B-1 GREENACRES, FL 33145			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
8. The above	named entity submits this statement for	City egistered office or re	egistered agent, or both	n, in the State of Flor	FL Zip Cod			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).								
SIGNATURE	Signature, typed or princied name of registered agent an	od sitle if applicable (NOTE	Registered Agent signature	required when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$5.00 May Be		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib	n Financing bution.	\$5.00 May Be Added to Fees				
FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contrit DIRECTORS	in Financing bution.	\$5.00 May Be Added to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental lepton 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 of 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 attactiment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06 (Sax) 253 - 10 77