

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30231

FILED
Jan 26, 2005
Secretary of State

Entity Name: TECHNICAL SPECIALTIES COMPANY, INC.

Current Principal Place of Business:

2434 DESTINY WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

2434 DESTINY WAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 13-1910883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADER, SIMON N.
2434 DESTINY WAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HADER, SIMON,
Address: 4574 BERISFORD BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: HADER, ALAN
Address: 13 HAMILTON DR
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: DVS () Delete
Name: HADER, NINETTE,
Address: 4574 BERISFORD BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: SCHUTZ, ANDREA
Address: 3330 WEDGEWOOD WAY
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NINETTE HADER

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01/26/2005

Electronic Signature of Signing Officer or Director

Date