2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P95000022849

Entity Name: ABC SPECIALTIES, INC.

Current Principal Place of Business:

7220 S US HWY 41
SUITE 101
DUNNELLON, FL 344322255 US

New Principal Place of Business:

Current Mailing Address:

908 W. HALL ST.
MELBOURNE, FL 32901

New Mailing Address:

7220 S US HWY 41
SUITE 101
DUNNELLON, FL 344322255 US

FEI Number: 59-3301521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, DAVID C
908 W. HALL ST.
MELBOURNE, FL 32901 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: CAMPBELL, DAVID C
Address: 908 W. HALL ST.
City-St-Zip: MELBOURNE, FL 32901

Title: VD ( ) Delete
Name: CAMPBELL, DAVID (CHRIS)
Address: 908 W. HALL ST.
City-St-Zip: MELBOURNE, FL 32901

Title: STD ( ) Delete
Name: CAMPBELL, MARY M
Address: 1118 59TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: CAMPBELL, D C JR
Address: 908 W. HALL ST.
City-St-Zip: MELBOURNE, FL 32901

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: MARY M. CAMPBELL STD 04/29/2005
Electronic Signature of Signing Officer or Director — Date