


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000096335 1. Entity Name SPECIALIST BOCA CORPORATION	
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Principal Place of Business 4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431 US	Mailing Address 4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431 US
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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0730039	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHWARTZ, ROBERT M 4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUKAM, CLAUDE P.O. BOX 390 GENEUG 12 SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATHION, PHILIPP P.O. BOX 392 GENEUG 12, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SCHWARTZ, ROBERT M. 4700 NW BOCA RATON BLVD, STE. 104 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/06-80023-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  Robert M. Schwartz, AVP 2/21/06 561-241-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #