## **2007 FOR PROFIT CORPORATION**

## **FILED** 0 AMıte

ANNUAL REPORT				Apr 19, 2007 08:00	
DOCUMENT # P9700033344  1. Entity Name SPECIALIZED PLACEMENT SERVICES, INC.					Secretary of Sta
Principal Plac 4236 SOUTH SARASOTA, F	IWELL WAY	Mailing Address 4236 SOUTHWELL WAY SARASOTA, FL 34241		)	IA SAIN TARKI RAIN BAN BAN BAN BAN BAN BAN BAN NAR HIJAR HIJI BAN 118161 H KA
DO NOT WRITE IN THIS SPAC			CE	04162007 4. FEI Numb 59-344	
6. Name and Address of Current Registered Agent  DILL, DAWN 4236 SOUTHWELL WAY SARASOTA, FL 34241			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered againt.  SIGNATURE  Signature, typed or printed name of registered agent and bitle if applicable  (NOTE: Registered Agent signal.)				<i>]</i> [	oth, in the State of Florida. I am familiar with, and accept $\frac{4/r}{6/07}$ DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND I	DIRECTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS DILL, DAWN 4236 SOUTHWELL WAY SARASOTA, FL 34241				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			-		U00000716683 04/30/07-80018-004 158.75

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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR