2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000065430

1. Entity Name

SPECIALIZED SEARCH ASSOCIATES, INC.



FILED
Apr 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

15200 JOG ROAD

SUITE 201

DELRAY BEACH, FL 33446

Mailing Address

15200 JOG ROAD

SUITE201

DELRAY BEACH, FL 33446



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0778328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, LEONARD 15200 JOG ROAD SUITE 201 DELRAY BEACH, FL 33446

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PTD MORRIS, LEONARD 15200 JOG ROAD SUITE 201 DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MORRIS, MARILYN 15200 JOG ROAD SUITE 201 DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		``.

DO NOT WRITE IN THIS SPACE

U00000732330 05/03/07-80042-001 150.00

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 suppliemental 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 expowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 Date

561 499 374

Daytme Phone #