2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000075909

Entity Name: SERVICE SPECIALISTS, INC.

FILED Jul 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4511 N. HIMES AVE. 327 QUINCY ST

STE. 200 BROOKLYN, NY 11216 US TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

4511 N. HIMES AVE. 327 QUINCY ST

STE. 200 BROOKLYN, NY 11216 US TAMPA, FL 33614 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEADER, PHILIP

117 E. AMELIA ST.

ORLANDO, FL 32801 US

RICHARDS, DOUGLAS

117 E. AMELIA ST.

ORLANDO, FL 32801 US

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: DOUGLAS RICHARDS 07/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: PERRY, CLIFTON Name: RICHARDS, DOUGLAS
Address: 4511 N. HIMES AVE., STE. 200 Address: 327 QUINCY ST

City-St-Zip: TAMPA, FL 33614 US City-St-Zip: BROOKLYN, NY 11216 US

Name:MARTINEZ, CHRISTOPHERName:RICHARDS, DOUGLASAddress:2202 N. WEST SHORE RD.Address:327 QUINCY ST

City-St-Zip: TAMPA, FL 33607 US City-St-Zip: BROOKLYN, NY 11216 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGLAS RICHARDS PRES 07/16/2009

Electronic Signature of Signing Officer or Director

Date