


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000016219**

1. Entity Name  
**SPECIALIZED SYSTEMS, INC.**



Principal Place of Business      Mailing Address

**13749 FOLKSTONE CIRCLE**      **13749 FOLKSTONE CIRCLE**  
**WELLINGTON, FL 33413**      **WELLINGTON, FL 33413**

**DO NOT WRITE IN THIS SPACE**



01252006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0899009**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMPSON, TERRY L**  
**13749 FOLKSTONE CIRCLE**  
**WELLINGTON, FL 33413**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-appointing)

**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**

000000411859  
 02/10/06-80028-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, TERRY L 13749 FOLKSTONE CIRCLE WELLINGTON, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMPSON, REBECCA 13749 FOLKSTONE CIRCLE WELLINGTON, FL 33413
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Terry L Simpson    1/28/06    (561) 371-5528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #