
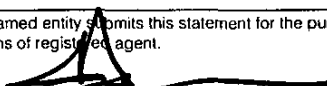
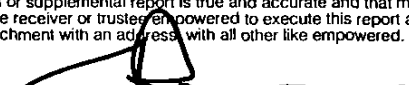


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 048 ***158.75

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|--|---|---|--|--|--|
| DOCUMENT # P99000045263 1. Entity Name SPECIAL SERVICES INTERNATIONAL CONSULTING GROUP, INC. | | | |  | |
| Principal Place of Business 1331 S.W. 1ST. AVE. FT. LAUDERDALE, FL 33315 | | | Mailing Address P.O. BOX 16988 PLANTATION, FL 33318 | | |
| 2. Principal Place of Business 10458 W. McNab Road | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Tamarac, FL. 33321 | | City & State Suite, Apt. #, etc. | | 4. FEI Number 65-0939838 | |
| Zip 33321 | | Country Broward | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORSE, GARY 1331 S.W. 1ST. AVE. FT. LAUDERDALE, FL 33315 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10458 W. McNab Road City Tamarac FL Zip Code 33321 | | |
| 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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 011805 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONNELLY, KEVIN 1331 S.W. 1ST. AVE. FT. LAUDERDALE, FL 33315 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10458 West McNab Road Tamarac, FL. 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAROONE, DOUG 1331 S.W. 1ST. AVE. FT. LAUDERDALE, FL 33315 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10458 West McNab Road Tamarac, FL. 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Michael Armstrong 10458 West McNab Road Tamarac, FL. 33321 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10458 West McNab Road Tamarac, FL. 33321 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 011805 954-888-5259 <small>Date Daytime Phone #</small> | | |