


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 07, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # S66233</b> 1. Entity Name <b>SPECIALTY ENTERPRISES, INC.</b>	
--	---

Principal Place of Business <b>20821 DEL LUNA DR BOCA RATON, FL 33433</b>	Mailing Address <b>20821 DEL LUNA DR BOCA RATON, FL 33433</b>
--	--



02032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0262542</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COURY, PATRICIA E CPA  
3230 W COMMERCIAL BLVD  
STE 150  
FORT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_ (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

U00000626646  
02/15/07-80027-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GALLAGHER, DANI LYONS 20821 DEL LUNA DRIVE BOCA RATON, FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NOTINE, ROBERT, JR. 178 79 ST BROOKLYN, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEINLICH, CHRISTIAN A 6492 HABITAT COURT GURNEE, IL</b>
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**

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:** *Dani Lyons Gallagher* **2/5/07** **561-463-1379**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #