
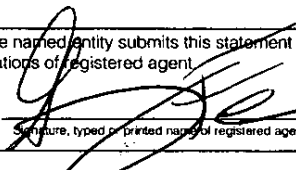
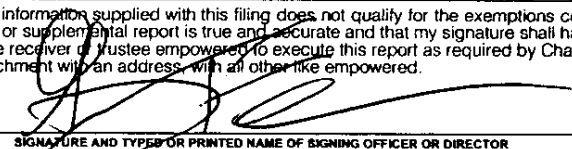


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90181 049 \*\*\*150.00

<b>DOCUMENT # S70167</b> 1. Entity Name <b>SPECIALTY SPORTS, INC.</b>			
Principal Place of Business <b>2525 EMBASSY DR S # 7 COOPER CITY, FL 33026 US</b>		Mailing Address <b>2525 EMBASSY DR S # 7 COOPER CITY, FL 33026 US</b>	
2. Principal Place of Business - No P.O. Box # <b>9900 Stirling Rd</b>		3. Mailing Address <b>9900 Stirling Rd</b>	
Suite, Apt. #, etc. <b>227</b>		Suite, Apt. #, etc. <b>227</b>	
City & State <b>Cooper City, FL</b>		City & State <b>Cooper City, FL</b>	
Zip <b>33024</b>		Zip <b>33024</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BORELL, THOMAS L. 3929 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>		<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>FERMAN, GARY</b> STREET ADDRESS <b>2525 EMBASSY DR S # 7</b> CITY-ST-ZIP <b>COOPER CITY, FL 33026</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS <b>9900 Stirling Road #227</b> CITY-ST-ZIP <b>Cooper City, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.			
<b>SIGNATURE:</b> 		Date: <b>4/27/07</b> Daytime Phone #: <b>954432-3211</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			