


2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70167		
1. Entity Name SPECIALTY SPORTS, INC.		

Principal Place of Business 9900 STIRLING RD 227 COOPER CITY, FL 33024 US	Mailing Address 9900 STIRLING RD 227 COOPER CITY, FL 33024 US
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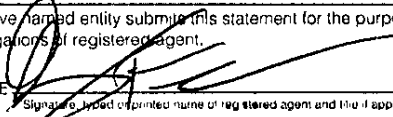
2. Principal Place of Business - No P.O. Box # 9900 Stirling Rd Suite, Apt. #, etc. #207 City & State Cooper City, FL Zip 33024	3. Mailing Address 9900 Stirling Rd. Suite, Apt. #, etc. #207 City & State Cooper City, FL Zip 33024
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05072010 Chg-P CR2E034 (11/08)

4. FEI Number 65-0274748	Applied For Not Applicable
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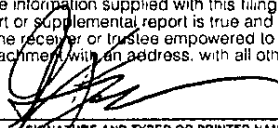
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERMAN, GARY 10841 SANTA FE DRIVE COOPER CITY, FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 5/14/10

FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERMAN, GARY 9900 STIRLING ROAD #227 COOPER CITY, FL 33024 <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
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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 all other like empowered.	
SIGNATURE: 	DATE 5/14/10

FILED

10 MAY 25 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/12/2010