2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002179

Entity Name: SCANLAN ENTERPRISES, INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5060 SUGAR PIKE RD., STE. 105 CANTON, GA 30115

Current Mailing Address: New Mailing Address:

5060 SUGAR PIKE RD., STE. 105 CANTON, GA 30115

FEI Number: 58-2049205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCANLAN, FRED
4709 DISTRIBUTION COURT, STE. 1
ORLANDO, FL 32822 US
SCANLAN, FRED
120 N. WEST CROWN POINTE RD #104
WINTER PARK, FL 34787 US

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.

SIGNATURE: 03/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SCANLAN, FRED Name: SCANLAN, FRED

Address: 4709 DISTRIBUTION COURT, STE. 1 Address: 120 N. WEST CROWN POINTE RD. #104

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: WINTER PARK, FL 34787

Title: V (X) Delete Title: () Change () Addition Name: SCANLAN, SHARON Name:

Address: 4709 DISTRIBUTION COURT, STE. 1 Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 ROUBICEK, JOE
 Name:

 Address:
 5060 SUGAR PIKE RD., STE. 105
 Address:

 City-St-Zip:
 CANTON, GA 30115
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE ROUBICEK ST 03/28/2005