2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# F06000000252

Entity Name: SCOTT GROSS COMPANY, INC.

Current Principal Place of Business:

755 NEWTOWN PIKE
LEXINGTON, KY 40511

New Principal Place of Business:

321 VENABLE ROAD
WINCHESTER, KY 40391

Current Mailing Address:

755 NEWTOWN PIKE
LEXINGTON, KY 40511

New Mailing Address:

321 VENABLE ROAD
WINCHESTER, KY 40391

FEI Number: 61-0429029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROSS, WILLIMENA
Address: 690 MASON HEADLEY ROAD, STE #301
City-St-Zip: LEXINGTON, KY 40504

Title: D ( ) Delete
Name: SCOTT, DAVID
Address: 1941 MINT JULEP LANE
City-St-Zip: LEXINGTON, KY 40514

Title: D ( ) Delete
Name: DREDERIKSON, BARBARA
Address: 874 RICHMOND ROAD
City-St-Zip: BEREA, KY 40403

Title: P ( ) Delete
Name: SCOTT, PHILLIP
Address: 3562 WATERWORKS ROAD
City-St-Zip: WINCHESTER, KY 40391

Title: V ( ) Delete
Name: SCOTT, PAUL
Address: 4009 CREEKWATER CIRCLE
City-St-Zip: LEXINGTON, KY 40518

Title: S ( ) Delete
Name: SCOTT, JANE
Address: 690 MASON HEADLEY ROAD, STE #524
City-St-Zip: LEXINGTON, KY 40504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MIKE METHENY CONT 01/11/2007

Electronic Signature of Signing Officer or Director — Date