

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031929

Entity Name: S.C.P.S., INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

357 ANDREWS STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730719
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 59-3718900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CLAUDIA
1760 BRIAN WAY
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

DAVIS, CLAUDIA
1760 BRIAN WAY
ST AUGUSTINE, FL 32805 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:

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, CLAUDIA
Address: 1760 BRIAN WAY
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VP () Delete
Name: SIZEMORE, SCOTT
Address: P.O. BOX 731943
City-St-Zip: ORMOND BEACH, FL 32173

Title: VP () Delete
Name: GROSUENOR, PHIL
Address: 84 N. RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: CLAUDIA DAVIS

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date