2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P01000031929

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

Current Principal Place of Business:

535 CARSWELL AVENUE
HOLLY HILL, FL 32117

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
ST AUGUSTINE, FL 32805 US

Name and Address of New Registered Agent:

SIZEMORE, CLAUDIA
195 COUNTRY CIRCLE DRIVE EAST
PORT ORANGE, FL 32128 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: CLAUDIA SIZEMORE 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SIZEMORE, CLAUDIA
Address: 195 COUNTRY CIRCLE DRIVE EAST
City-St-Zip: PORT ORANGE, FL 32128

Title: PST (X) Change ( ) Addition
Name: SIZEMORE, SCOTT
Address: P.O. BOX 731943
City-St-Zip: ORMOND BEACH, FL 32173

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT SIZEMORE P 05/01/2009
Electronic Signature of Signing Officer or Director Date