
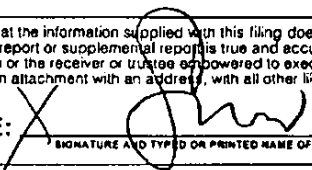


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90390 014 ***150.00

| | | | | | |
|---|---|---------------------------------|--|---|---|
| DOCUMENT # P05000138909 | | | |  | |
| 1. Entity Name SCOTT INTERNATIONAL CORPORATION | | | | | |
| Principal Place of Business 425 BEACH ROAD UNIT 6-R TEQUESTA, FL 33647 US | | | Mailing Address 425 BEACH ROAD UNIT 6-R TEQUESTA, FL 33647 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-3599416 | Applied For Not Applicable |
| 33649 | | 33649 | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 8. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HARTMAN, PETER J 11404 1/2 N 56TH ST TAMPA, FL 33617 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | |
| | | | Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006. Fee will be \$550.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCOTT, EDWARD L 425 BEACH ROAD UNIT 6-R TEQUESTA, FL 33469 | <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 | VP SCOTT, CHRISTOPHER 425 BEACH ROAD UNIT 6-R TEQUESTA, FL 33469 | <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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| 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 reports 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:  | | | Edward L. Scott 3/31/06 561-748-8200 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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03282006 Chg-P CR2E034 (11/05)