2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# 325202

Entity Name: W.T. SCOTT COMPANY, INC.

Current Principal Place of Business:

2801 PONCE DE LEON BLVD
STE 650
CORAL GABLES, FL 33134 US

New Principal Place of Business:

100 MIRACLE MILE
SUITE 310
CORAL GABLES, FL 33134 US

Current Mailing Address:

3455 S MOORINGS WAY
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-1204202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORNEK, LAWRENCE D.
3455 S MOORINGS WAY
COCONUT GROVE, FL 33133 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: PD ( ) Delete
Name: TORNEK, LAWRENCE D.,
Address: 3455 S MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS ( ) Delete
Name: TORNEK, LYNN,
Address: 3455 S MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: BERMAN, ROBERT,
Address: 3455 S MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

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 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: LAWRENCE TORNEK PD 01/11/2008

Electronic Signature of Signing Officer or Director Date