


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90065 034 \*\*\*150.00


**DOCUMENT # 377406**

1. Entity Name  
 S. C. S., INC.



Principal Place of Business 1601 N PALM AVE #308 PEMBROKE PINES, FL 33026 US	Mailing Address 1601 N PALM AVE #308 PEMBROKE PINES, FL 33026 US
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1454956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANTI, DOUGLAS  
 1601 N PALM AVE  
 STE 308  
 PEMBROKE PINES, FL 33026

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTI, DOUGLAS 1601 N PALM AVE STE 308 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SANTI, PETER 1601 N. PALM AVE. STE. 308 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 report 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 fees empowered.

SIGNATURE: *[Signature]* DOUGLAS SANTI 4/25/07 954.885.0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #