


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90084 008 \*\*\*150.00

<b>DOCUMENT # 390631</b>	
1. Entity Name <b>SCOTT KNITS, INC.</b>	

Principal Place of Business <b>C/O Z. COOPER 3501 KEYSER AVE., VILLA 44 HOLLYWOOD, FL 33021 US</b>	Mailing Address <b>C/O ZEKE COOPER 24 N. CLOVER DR. GREAT NECK, FL 11023</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>C/O Zeke Cooper</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>24 N. Clover Drive</b>
City & State	City & State <b>Great Neck NY</b>
Zip	Zip <b>11023</b>
Country	Country <b>USA</b>

4000000000



01292007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1447303</b>		Applied For <input type="checkbox"/> 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 <b>COOPER, ZEKE 3501 KEYSER AVE., VILLA 44 HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, ZEKE 24 N CLOVER DR GREAT NECK, NY <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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

576-466-6060

Daytime Phone #