## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 547462**

1. Entity Name

SCIENTIFIC SUPPLIES AND TECHNOLOGY, INC.



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

7245 N.W. 43RD ST. MIAMI, FL 33166-6605 Mailing Address

7245 N.W. 43RD ST. MIAMI, FL 33166-6605



02202007

No Chg-P

CR2E034 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUE, PETER F 7245 N.W. 43RD STREET MIAMI, FL 33166

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MIAMI, FL 33166			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	burpose of changing its registered	l office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (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. S5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT LUE, PETER F 7245 NW 43 STREET MIAMI, FL 33166	TORS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U0000651849 03/09/07-80023-010 150.00 DO NOT WRITE IN THIS SPACE		
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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 ap-address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

et 7 luc.