


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 625279	
1. Entity Name SCUDDERS, INC.	

Principal Place of Business 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470 US	Mailing Address P.O. BOX 246 SILVER SPRINGS, FL 34489
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02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1910771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DOZIER, G. SHEPPARD 9 NE FRIST AVENUE OCALA, FL 34470

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCUDDER, FRANK A J 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCUDDER, JOAN S. 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SCUDDER, LINDA G 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKALEW, MARLENE S 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCUDDER, TODD S 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCUDDER, FRANK A 4645 EAST SILVER SPRINGS BLVD. OCALA, FL 34470

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 like empowered.

SIGNATURE: 	Date: 3/1/07	Daytime Phone #: 352-236-5211 888-526-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		