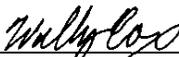


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 004 ****70.00

DOCUMENT # 705268			
1. Entity Name SCHOLARSHIP RECOGNITION, INC.			
Principal Place of Business 426 SCHOOL ST. SEBRING FL 33870		Mailing Address 426 SCHOOL ST. SEBRING FL 33870	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COX, WALLACE 426 SCHOOL STREET SEBRING FL 33870		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 Wallace P. "Wally" Cox			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CARTER, MIKE	<input checked="" type="checkbox"/> Delete	TITLE
NAME	435 S COMMERCE AVE		D BENTON, BILL
STREET ADDRESS	SEBRING FL 33870		435 S. Commerce Avenue
CITY - ST - ZIP			Sebring, FL 33870
TITLE	D SHOOP, JOHN	<input type="checkbox"/> Delete	P SHOOP, JOHN
NAME	2600 US HWY 27 N		2600 US Hwy 27 N
STREET ADDRESS	SEBRING FL 33870		Sebring, FL 33870
CITY - ST - ZIP			
TITLE	D HULEN, DIANE	<input checked="" type="checkbox"/> Delete	D LEIDEL, GEORGE
NAME	3838 US 27 S		2691 Lakeview Drive
STREET ADDRESS	SEBRING FL 33870		Sebring, FL 33870
CITY - ST - ZIP			
TITLE	S SCOBEY, CONNIE	<input type="checkbox"/> Delete	
NAME	426 SCHOOL STREET		
STREET ADDRESS	SEBRING FL 33870		
CITY - ST - ZIP			
TITLE	D PHYERS, KATHY	<input type="checkbox"/> Delete	
NAME	P.O. BOX 2865		
STREET ADDRESS	LAKE PLACID FL 33862		
CITY - ST - ZIP			
TITLE	D HOY, MIKE	<input type="checkbox"/> Delete	
NAME	320 LAKE MIRROR DR		
STREET ADDRESS	LAKE PLACID FL 33852		
CITY - ST - ZIP			

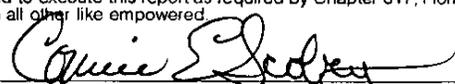


1st MOORE CR2E037 (10/06)

4. FEI Number **59-2360670** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: **Connie Scobey**  863-471-5565