2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 737537

1. Entity Name
SCOTTY CONDO, INC.

FILED
07 JUN -1 AM 8:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
C/O EXECUTIVE ONE PROPERTY MANAGEMENT 1511 EAST COMMERCIAL BOULEVARD, #141 FORT LAUDERDALE, FL 33334 US	C/O EXECUTIVE ONE PROPERTY MANAGEMENT 1511 EAST COMMERCIAL BOULEVARD, #141 FORT LAUDERDALE, FL 33334 US

04262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
500 NE Spanish River Blvd	Beacon Property Mgmt
Suite, Apt. #, etc. Ste 18	Suite, Apt. #, etc. 500 NE Spanish River Blvd Ste 18
City & State Boca Raton Fl	City & State Boca Raton Fl
Zip / Country 33431 / US	Zip / Country 33431 / USA

4. FEI Number
59-2418264
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, ROBERT C ESQ. 319 S.E. 14TH STREET FORT LAUDERDALE, FL 33316	Name: Ernest Willis/Beacon Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 500 NE Spanish River Blvd Ste 18 City: Boca Raton FL Zip Code: 33431

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: Ernest Willis 5/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORTEZ, GIOVANNI 5122 WOODFIELD WAY COCONUT CREEK, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIOU, MIKO 12111 CLASSIC DRIVE CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300104520573 06/19/07--01073--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAMIREZ, ELVIRA 7837 NW 62ND TERRACE PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Mikio Liou 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 6/8