
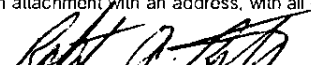


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 024 \*\*\*\*61.25

<b>DOCUMENT # 769667</b> 1. Entity Name <b>SCOTTISH AMERICAN SOCIETY OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>1301 NW 99TH AVE PLANTATION FL 33322</b>			Mailing Address <b>P.O. BOX 245926 PEMBROKE PINES FL 33024-5926 US</b>		
2. Principal Place of Business - No P.O. Box # <b>AS ABOVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>AS ABOVE</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1778602</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MACDONALD, NIGEL 1301 NW 99TH AVENUE PLANTATION FL 33322</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete <b>MCWILLIAM, MAUREEN 11692 NW 20TH DRIVE CORAL SPRINGS FL 33071</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BUCHANAN, PETER 1611 NW 85TH TERRACE PLANTATION FL 33317</b>		TITLE <b>VP</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BUCHANAN, NAN 1611 NW 85TH TERRANCE PLANTATION FL 33317</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b> <b>SAME</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input type="checkbox"/> Delete <b>RITCHIE, ROBERT 304 SW 6TH STREET HALLANDALE FL 33009</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER</b> <b>SAME</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>MCWILLIAM, IAIN 11692 NW 20TH DR. CORAL SPRINGS FL 33071</b>		TITLE <b>DIRECTOR</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NIGEL MAC DONALD 1301 NW 99AVE PLANTATION FL 33322</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ALBRITTON, WANDA 9 MELROSE DRIVE MIAMI FL 33116</b>		TITLE <b>DIRECTOR</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>IAIN CURRIE 18175-49TH TERR NORTH JUPITER, FL 33458</b>	
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.					
<b>SIGNATURE:  - ROBERT A. RITCHIE 4/30/07 754-368-0614</b>					