2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# F03000002514

Entity Name: SCIBAL ASSOCIATES, INC.

Current Principal Place of Business:

23 MAYS LANDING ROAD
SOMERS POINT, NJ 08244

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
SOMERS POINT, NJ 08244

New Mailing Address:

FEI Number: 22-2483867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVOLIO, ROBERT P
AVOLIO & HANLON, P.C.
2730 U.S. #1 SOUTH STE. J
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CP	( ) Delete
Name:	SCIBAL, DAVID A	
Address:	23 MAYS LANDING ROAD	
City-St-Zip:	SOMERS POINT, NJ 08244	
Title:	VCVP	( ) Delete
Name:	SCIBAL, STEPHEN J	
Address:	4 E. VERNON AVENUE	
City-St-Zip:	NORTHFIELD, NJ 08225	
Title:	DST	( ) Delete
Name:	DODS, REYNOLDS	
Address:	105 ARLINGTON AVENUE	
City-St-Zip:	LINWOOD, NJ 08221	
Title:	D	( ) Delete
Name:	BASIL, TOM JR	
Address:	422 COVENTRY WAY	
City-St-Zip:	GALLOWAY, NJ 08205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNOLDS DODS DST 04/12/2007

Electronic Signature of Signing Officer or Director — Date