


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006361	
1. Entity Name SCAFFOLDING DYNAMICS INCORPORATED	

Principal Place of Business 260 MARKET PLACE MANHATTAN, IL 60442	Mailing Address 260 MARKET PLACE MANHATTAN, IL 60442
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0573017	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000390928 01/24/06-80020-005 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUNTZ, DALE E 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TALLEY, MARK S 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KRUEGER, JEFFREY A 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD UREMOVICH, MICHAEL J 260 MARKET PLACE MANHATTAN, IL 60442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____