




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000005944</b>		
1. Entity Name <b>SCARLET INVESTMENT MANAGEMENT, INC.</b>		
Principal Place of Business <b>C/O NEVADA CORPORATE HEADQUARTERS, INC. 101 CONVENTION CENTER DR SUITE 700 LAS VEGAS, NV 89109</b>		Mailing Address <b>C/O NEVADA CORPORATE HEADQUARTERS, INC. 101 CONVENTION CENTER DR SUITE 700 LAS VEGAS, NV 89109</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03122007 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>20-1764799</b>
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>BEDFORD, JOHN R 17607 ESPRIT DRIVE TAMPA, FL 33647</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>U00000677106 03/30/07-80092-008 158.75</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD BEDFORD, JOHN R 17607 ESPRIT DRIVE TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BEDFORD, TARA C 17607 ESPRIT DRIVE TAMPA, FL 33647	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>JOHN R. BEDFORD, PRESIDENT</b>		<b>3/18/2007</b> Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>813-973-8439</b> Daytime Phone #