## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000006333

Entity Name: SCOTTSDALE COMMERCIAL DEVELOPMENTS, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
424 4TH A INDIALAN	VE TIC, FL 32903					
Current M	lailing Addres	ss:	New Mailing Address:			
424 4TH A INDIALAN	VE TIC, FL 32903	·				
FEI Number:	: 52-1018345	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD				
The above in the State	named entity of Florida	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or bot	h,
SIGNATU						_
Fl4: 0		nic Signature of Registered Ag	ent		Date	
		g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( FADDEN, B. JO 424 FOUTH AV INDILANTIC, FI	ENUE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( SHAEREAW, D 8618 S BALI C ELLICOTT CIT	Т	Title: Name: Address: City-St-Zip:	VP SHACREAW 8618 S BALI ELLICOTT C	•	
Title: Name: Address: City-St-Zip:	PSDT ( FADDEN, CHR 424 FOURTH A INDIALANTIC, I	VENUE	Title: Name: Address: City-St-Zip:	PSDT FADDEN, CH 424 FOURTH INDIALANTIO		
Title: Name:	D ( )	) Delete EN	Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER J. FADDEN PSD 03/26/2009

7125 RIVERWOOD DRIVE

COLUMBIA, MD 21046

Address:

City-St-Zip: