

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000767

FILED
Feb 07, 2006
Secretary of State

Entity Name: SCCI INC.

Current Principal Place of Business:

4760 PONTCHARTRAIN DR
SLIDELL, LA 70458 US

New Principal Place of Business:

Current Mailing Address:

4760 PONTCHARTRAIN DR
SLIDELL, LA 70458 US

New Mailing Address:

FEI Number: 72-0941496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGLE, ROBERT F
17141 COLLINS AVE.
E
MIAMI, FL 33160 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: P () Delete
Name: SAUER, BRUCE M
Address: 2606 CHESTER ST.
City-St-Zip: METAIRIE, LA 70001 US

Title: VP () Delete
Name: SAUER, ANN
Address: 2606 CHESTER ST
City-St-Zip: METAIRIE, LA 70001 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAUER, BRUCE M
Address: 4760 PONTCHARTRAIN DR.
City-St-Zip: SLIDELL, LA 70458 US

Title: VP (X) Change () Addition
Name: SAUER, ANN
Address: 4760 PONTCHARTRAIN DR.
City-St-Zip: SLIDELL, LA 70458 US

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: ANN SAUER

VP

02/07/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date