

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 002 ***150.00

DOCUMENT # H09144					
1. Entity Name SCIM, INC.					
Principal Place of Business 49735 GULF BLVD #2 INDIAN ROCKS BEACH, FL 33785 US			Mailing Address MARIE B. SALINERO 19735 GULF BLVD #2 INDIAN ROCKS BEACH, FL 33785-2307 US		
2. Principal Place of Business 5647 Singletary Rd Suite, Apt. #, etc. N/A			3. Mailing Address 8333 SEMINOLE BLVD Suite, Apt. #, etc. 200		
City & State Fort Meade FL		City & State SEMINOLE, FLORIDA		4. FEI Number 59-2516898	
Zip 33841		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALINERO, MARIE B 18735 GULF BLVD #2 INDIAN ROCKS BEACH, FL 33785 8333 Seminole Blvd A 200 Seminole Fl 33772			7. Name and Address of New Registered Agent Name: MARIE B. SALINERO Street Address (P.O. Box Number is Not Acceptable): 8333 SEMINOLE BLVD. APT. 200 City: SEMINOLE FL Zip Code: 33772		
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: <u>Marie B Salinero</u> DATE: <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINERO, MARIE		NAME	SALINERO, MARIE	
STREET ADDRESS	19735 GULF BLVD., UNIT 2		STREET ADDRESS	8333 SEMINOLE BLVD., APT 200	
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, WANDA		NAME		
STREET ADDRESS	10620 COUNTY LINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. MEADE, FL 33841		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RICHARD MR		NAME		
STREET ADDRESS	19630 TYLER ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Marie B Salinero</u>			727-392-6768 <u>2/12/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		