

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09144

Entity Name: SCIM, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

5647 SINGLETARY RD
FORT MEADE, FL 33841 US

New Principal Place of Business:

Current Mailing Address:

8333 SEMINOLE BLVD
STE 200
SEMINOLE, FL 337724356 US

New Mailing Address:

620 COUNTY LINE RD
FORT MEADE, FL 33841 US

FEI Number: 59-2516898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALINERO, MARIE B
8333 SEMINOLE BLVD APT 200
SEMINOLE, FL 33772 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: STD () Delete
Name: SALINERO, MARIE
Address: 8333 SEMINOLE BLVD, APT 200
City-St-Zip: SEMINOLE, FL 33772

Title: PD () Delete
Name: COATES, WANDA
Address: 10620 COUNTY LINE ROAD
City-St-Zip: FT. MEADE, FL 33841

Title: VPD () Delete
Name: MARTIN, RICHARD MR
Address: 19630 TYLER ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WANDA COATES

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date