2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J35742

1. Entity Name SCORPION INK, INC.



FILED Apr 09, 2007 08:00 Al Secretary of State

Principal Place of Business

% JOHN H. HOWARD 626 CLEAR LAKE AVE. W. PALM BEACH, FL 33401 Mailing Address

% JOHN H. HOWARD 626 CLEAR LAKE AVE. W. PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

 01192007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, JOHN H. 626 CLEAR LAKE AVE. W. PALM BEACH, FL 33401

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	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am fam	niliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	naing	\$5.00 May Be Added to Fees		,
10.	OFFICERS AND DIREC	CTORS				-1,1
TITLE	PTD			· ·	A Company of the Company	
NAME	HOWARD, JOHN H.					
STREET ADDRESS CITY-ST-ZIP	626 CLEAR LAKE AVE. W. PALM BEACH, FL				1000000697258	*
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NAME	HOWARD, CHRISTINE			*.	•	e .
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12. I nereby	certify that the information supplied with this f	iling does not quality for the ex	emptions cor	ntained in Unapter 11 ve the same tegal effe	ਚ, ਜ਼ਹਮਰਫ਼ Statutes. । further certify ect as if made under oath: that I am	inal the information an officer or director

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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:

AIGNATURE AND TYPED OF PRINTED NAME OF RIGNING DEFICER OF DIRECTOR

John H. Howard, President,

4/4/07

561-833-8749

Daytime Phone #