
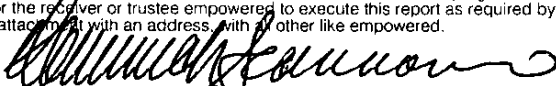


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90080 008 ***150.00

DOCUMENT # J62032 1. Entity Name SCANNAVINO, INC.			
Principal Place of Business % MANAGEMENT & ASSOCIATES 1050-A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677		Mailing Address % MANAGEMENT & ASSOCIATES 1050-A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677	
2. Principal Place of Business - No P.O. Box # CP MANAGEMENT & ASSOCIATES Suite, Apt. #, etc.		3. Mailing Address 720 Brooker Creek Blvd. #206 City & State Oldsmar, FL 34677 Zip	
4. FEI Number 59-2820622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6.		7. Name and Address of New Registered Agent	
SCANNAVINO, DOMINICK 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
I am familiar with, and accept the proposed changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCANNAVINO, DOMINICK 1050-A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			