

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80434

FILED
Apr 23, 2009
Secretary of State

Entity Name: SCARBOROUGH FARE, INC.

Current Principal Place of Business:

P.O. BOX 22887
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

C/O MARCO POLO COLUMBUS & FERRARI
9101 S.R. 535
ORLANDO, FL 32836 US

Current Mailing Address:

P.O. BOX 22887
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YU, CYNTHIA
9101 SR 535, SUITE 300
C/O MARCO POLO COLUMBUS & FERRARI
ORLANDO, FL 32836 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: DP () Delete
Name: YING, NELSON
Address: P.O. BOX 22887 (N/A)
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VAS () Delete
Name: YING, NELSON JR
Address: P.O. BOX 22887 (N/A)
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NELSON YING

PRES

04/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date