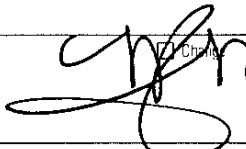
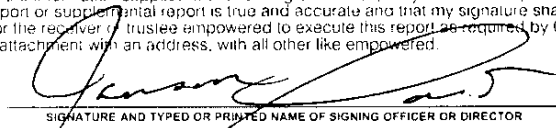


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K66315 1. Entity Name SCOTT PRINTING, INC.						07 NOV -1 PM 1:35 TALLAHASSEE, FLORIDA	
Principal Place of Business C/O JANSON DAVIS 150-A FORTENBERRY ROAD MERRITT ISLAND, FL 32952				Mailing Address C/O JANSON DAVIS 150-A FORTENBERRY ROAD MERRITT ISLAND, FL 32952			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2929718		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				10232007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent DAVIS, JANSON 150-A FORTENBERRY ROAD MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: _____ DATE: _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D DAVIS, JANSON 150-A FORTENBERRY ROAD MERRITT ISLAND, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	This Amended A/E was filed at (no change) to correct the 2007 A/E Filed on 4/16/07 to reflect a current Officer/Director Signature  11/6/07		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOUSTON, E. LANG 1415 N. INDIAN RIVER DR. COCOA, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
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, 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: 				10/29/07		321-452-5061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	