2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K66315

1. Entity Name
SCOTT PRINTING, INC.

FILED
07 NOV -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O JANSON DAVIS 150-A FORTENBERRY ROAD MERRITT ISLAND, FL 32952	C/O JANSON DAVIS 150-A FORTENBERRY ROAD MERRITT ISLAND, FL 32952

10232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2929718 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	DAVIS, JANSON	150-A FORTENBERRY ROAD	MERRITT ISLAND, FL	☐
D	HOUSTON, E. LANG	1415 N. INDIAN RIVER DR.	COCOA, FL	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

(Change ☐ Addition ☐ — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, six blocks)

Handwritten across section 11: This Amended A/R was filed out (no change) to correct the 2007 A/R Filed on 4/16/07 to reflect a current officer/Director signature [signature] 11/6/07

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 all other like empowered.

SIGNATURE: [signature] 10/29/07 321-452-5061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #