2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080035

Entity Name: SCARLET ROSE CREATIONS, LLC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 EAST NINTH AVENUE 18741 STATE ROAD 44 MOUNT DORA, FL 32757 EUSTIS, FL 32736

Current Mailing Address: New Mailing Address:

815 EAST NINTH AVENUE 18741 STATE ROAD 44 MOUNT DORA, FL 32757 EUSTIS, FL 32736

FEI Number: 20-1800358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKER, PAULA
815 EAST NINTH AVENUE
MOUNT DORA, FL 32757 US
BAKER, PAULA
18741 STATE ROAD 44
EUSTIS, FL 32736 US

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: PAULA BAKER 04/30/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 BAKER, PAULA
 Name:
 BAKER, PAULA

 Address:
 815 EAST NINTH AVENUE
 Address:
 18741 STATE ROAD 44

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 EUSTIS, FL 32736

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:BAKER, JAMESName:BAKER, JAMESAddress:815 EAST NINTH AVENUEAddress:18741 STATE ROAD 44City-St-Zip:MOUNT DORA, FL 32757City-St-Zip:EUSTIS, FL 32736

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAULA BAKER MGR 04/30/2007