2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# L06000037215

Entity Name: SCRATCH START, LLC

Current Principal Place of Business:

8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 42-1701002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, WILLIAM R
8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34286 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WOLFE, WILLIAM R
Address: 8418 CHESAPEAKE AVE.
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM ( ) Delete
Name: WOLFE, JAMES T
Address: 511 SOUTH SHARP STREET, APT. 1
City-St-Zip: BALTIMORE, MD 21201 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WOLFE, JAMES T
Address: 1020 W. BARRE ST.
City-St-Zip: BALTIMORE, MD 21230 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R. WOLFE MGRM 03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date