2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
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:

8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34291 US

Current Mailing Address:

8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34286 US

New Mailing Address:

8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34291 US

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:

WOLFE, WILLIAM R
8418 CHESAPEAKE AVENUE
NORTH PORT, FL 34291 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: WILLIAM R. WOLFE 02/18/2008
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: 1020 W. BARRE ST.
City-St-Zip: BALTIMORE, MD 21230 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WOLFE, WILLIAM R
Address: 8418 CHESAPEAKE AVE.
City-St-Zip: NORTH PORT, FL 34291 US

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 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 02/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date