


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90086 044 \*\*\*150.00

<b>DOCUMENT # L39056</b>	
1. Entity Name SCSC, INC.	

Principal Place of Business 220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953 US	Mailing Address 220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HELMY, HANY F.  
~~270 N SYKES CREEK PKWY~~ 220 N SYKES CREEK PKWY STE 200  
MERRITT ISLAND, FL 32953

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELMY, HANY F. 220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EL-KOMMOS, HANI 220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Teurlings LLC 220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **5/2/05** **321-459-1446**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #