2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L39056

1. Entity Name
SCSC, INC.

Principal Place of Business	Mailing Address
220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953 US	220 N SYKES CREEK PKWY STE 200 MERRITT ISLAND, FL 32953 US

DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2999100 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HELMY, HANY F.
220 W. SYKES CK PKY STE 250
MERRITT ISLAND, FL 32953

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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

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000442789
03/04/06-30034-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HELMY, HANY F.
STREET ADDRESS	220 N SYKES CREEK PKWY STE 200
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	EL-KOMMOS, HANI
STREET ADDRESS	220 N SYKES CREEK PKWY STE 200
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	TEURLINGS, LUC
STREET ADDRESS	220 N. SYKES CREEK PKWY STE 200
CITY-ST-ZIP	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 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: _____ 2/16/06 321-459-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #