## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L63174

EVANS, STEVÉN J

5595 OAK GROVE CT.

SARASOTA, FL 34233

Name:

Address:

City-St-Zip:

FILED Mar 20, 2007 Secretary of State

Entity Na	me: SCOTTSI	GN SYSTEMS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	IMERCE PL A, FL 34243						
Current Mailing Address:			New Mailing Address:				
P.O. BOX TALLEVAS	1047 ST, FL 34270						
FEI Number	: 65-0200051	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status De	sired()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230						
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing it	ts registered of	fice or registered age	nt, or both,	
SIGNATU	RE:						
	Electroni	c Signature of Registered Age	nt		Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICER	S AND DIRECT	ORS:	ADDITION	S/CHANGES 1	O OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () VENKATARAMO 1763 TIMER TRA COOKEVILLE, T	AIL	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () HANNON, KATHY 2175 SHADOW SARASOTA, FL	OAKS RD	Title: Name: Address: City-St-Zip:	VP (X) HANNON, KATHY 1350 MAIN #120 SARASOTA, FL	11		
Title: Name: Address: City-St-Zip:	AS () ABBOTT, STEW 8770 49TH TER BRADENTON, FI	RACE EAST	Title: Name: Address: City-St-Zip:	AS (X) ABBOTT, STEW 4047 65TH PL E SARASOTA, FL			
Title:	P ()	Delete	Title:	( )	Change ( ) Addition		

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEWART ABBOTT AS 03/20/2007