


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**


01-14-2008 90104 010 \*\*\*150.00

DOCUMENT # M11726	
1. Entity Name STC - SCAN PRINT CORP., INC.	

Principal Place of Business 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 33334-3900	Mailing Address 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 33334-3900
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2. Principal Place of Business - No P.O. Box # 1216 E. Atlantic Blvd.	3. Mailing Address 1216 E. Atlantic Blvd.
Suite, Apt. #, etc. Suite 7	Suite, Apt. #, etc. Suite 7

City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33060	Zip 33060

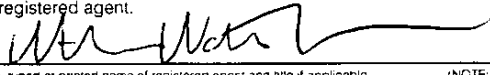


01102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2530199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, E.J. 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 33332	7. Name and Address of New Registered Agent Name <b>William Watson Trick, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) 1216 East Atlantic Blvd Suite 7 City Pompano Beach FL Zip Code 33060
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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  **William Watson Trick, Jr.** DATE 1/10/2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ANDERSON, E.J. 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 333343900 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GULDSTRAND, INGVAR G 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 333343900 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD WILLIAM WATSON TRICK, JR. 1216 E. Atlantic Blvd, Suite 7 Pompano Beach FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 1/10/2008 DAYTIME PHONE #: 9549429774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #