2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90064 011 ****61.25

DOCUMENT # N0200003495 1. Entity Name SCM ALLIANCE, INC.									04-16-200	4 90064 0	110	1.23
2815 SOUTH SEACREST BLVD. 281				ing Address 15 South Seacrest BLVD. Ynton Beach, Fl. 33435						ı		
2. Dringing Many of Puninger				Adailian Address								
2. Principal Place of Business			3. Mai	3. Mailing Address					18) 1 [1 [
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04062004	Chg-NP	CR2E03	37 (10/03)	
City & State			Cit	City & State			4. FEI Numbe 04-366	2021			oplied For ot Applicable	
Zip Country		Zip	Zip Co		ntry 5.		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
-6. Name and Address of Current Register			Registere	ed Agent			7. Name and	Address of New				
MONAGHAN, TIMOTHY E ESQ.						Name						
MONAGHAN, TIMOTHY E ESQ. 54 N.E. 4TH AVENUE DELRAY BEACH, FL 33483						Street A	ddress (I	P.O. Box Numbe	er is Not Accepta	ble)		_
						City				FL	Zip Cod	e
		y submits this statement fo	or the purp	ose of changing its re	egistere	ed office o	r register	ed agent, or bot	h, in the State of		l familiar with,	and accept
the obligat	ions of regist	tered agent.										
SIGNATURE.									·			
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registere	d Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.					 -			
	_							\$5.00 May B Added to Fees	e Fi	Make checi orida Depar		
10.	Due by N		RECTORS	Trust Fund Co	ntributi	on.		Added to Fees	e FI	orida Depar	TECTORS IN	tate I 10
10. TITLE NAME STREET ADDRESS	PD TAYLOR,	May 1, 2004	RECTORS	Trust Fund Co	11. TITLE	on.	TD Dian	Added to Fees	ANGES TO OFFIC	orida Depar	tment of S	tate
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12. I hereby certify that the information supplied with this flaing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. 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 617, 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2004

(561) 737-7733 Daytime Phone #