2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N0200003495 1. Enlity Name SCM ALLIANCE, INC.					04-13-2005 90065 021 ****61.25			
Principal Place of Business 2815 SOUTH SEACREST BLVD. BOYNTON BEACH, FL 33435 Mailing Address 2815 SOUTH SEACREST BL BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435				·	I TERMEN EN ESME	 	Din don'n erhoe ikin endir 1016 i	1111151 EF 1541
2. Principal Place of Business 3. M		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182005 CI	hg-NP	CR2E037 (10/03)	
City & State		City & State	City & State		4. FEI Number 04-366202		 -	pplied For lot Applicable
Zip	Country	Zip	Country	•	5. Certificate of St	atus Desired	S8.75 Ac	
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered Agent	
	AN THAT IN 5 500		Name			-		
54 N.E. 4T	AN, TIMOTHY E ESQ. TH AVENUE		Street	Street Address (P.O. Box Number is Not Acceptable)				
DELRAY	BEACH, FL 33483							·····
1			City				FL Zip Co	de
8. The above	a named entity submits this statement to	or the purpose of changing its re	egistered office of	or register	red agent, or both, in	the State of F		and accept
the obligat	tions of registered agent.			•	•	•		
	•	'			•	•		
SIGNATURE								
SIGNATOTIE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signs	sture required	t when reinstaung)		DATE	
JONATORE				sture required				
Signature	Signature, typed or printed name of registered agont Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	sture required	\$5.00 May Be Added to Fees		Make check payable orlda Department of S	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flo	Make check payable	State
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of S	State
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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 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: _

WWW Kobert B. Taylor Jr.
SIGNATURE AND TYPED DR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

3/3/05

561-737-7733

Davime Frione