


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90042 002 \*\*\*\*61.25

<b>DOCUMENT # N02000003495</b> 1. Entity Name <b>SCM ALLIANCE, INC.</b>					
Principal Place of Business <b>2815 SOUTH SEACREST BLVD. BOYNTON BEACH, FL 33435</b>			Mailing Address <b>2815 SOUTH SEACREST BLVD. BOYNTON BEACH, FL 33435</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>04-3662021</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MONAGHAN, TIMOTHY E ESQ.</b> <b>54 N.E. 4TH AVENUE</b> <b>DELRAY BEACH, FL 33483</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, ROBERT B JR <input checked="" type="checkbox"/> Delete 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEMAN, DIANNE <input checked="" type="checkbox"/> Delete 800 MEADOWS RD BOCA RATON, FL 33486				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCORULLO, MARK L <input type="checkbox"/> Delete 20 ISLAND RD STUART, FL 34996				
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				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nordmark, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2815 S. Seacrest Blvd Boynton Beach, Fl 33435				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Meinke, Ken <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 Meadows Rd Boca Raton, FL 33486				
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 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.					
<b>SIGNATURE: <i>Joanne Aguilera</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/28/06 561-737-7733 <small>Date Daytime Phone #</small>	

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