

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003517

FILED
Sep 22, 2009
Secretary of State

Entity Name: SCAM BOOGIE RIDERS, INC.

Current Principal Place of Business:

9904 SAGE TREE CT
JACKSONVILLE, FL 32257

New Principal Place of Business:

2917 WEST 7TH STREET
JACKSONVILLE, FL 32254

Current Mailing Address:

9904 SAGE TREE CT
JACKSONVILLE, FL 32257

New Mailing Address:

2917 WEST 7TH STREET
JACKSONVILLE, FL 32254

FEI Number: 45-0572430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ENGLISH, LAKESHER
9904 SAGE TREE CT
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

GLOVER, BRUCE
2917 WEST 7TH STREET
JACKSONVILLE, FL 32254 US

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.

SIGNATURE: BRUCE GLOVER

09/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MISS () Delete
Name: ENGLISH, LAKESHER
Address: 9904 SAGE TREE CT
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: GLOVER, BRUCE
Address: 2917 WEST 7TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE GLOVER

MR

09/22/2009

Electronic Signature of Signing Officer or Director

Date