


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90045 007 \*\*\*\*61.25

<b>DOCUMENT # N98000000036</b>		
1. Entity Name EMERALD COAST SENIOR SCRATCH SERIES, INC.		

Principal Place of Business <del>6 PEBBLE BEACH DR</del> <del>SHALIMAR, FL 32579</del>	Mailing Address <del>P.O. BOX 1004</del> <del>FORT WALTON BEACH, FL 32549-1004</del>
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2. Principal Place of Business - No P.O. Box # <u>21 S. ANCHORS LK. DR.</u> Suite, Apt. #, etc.	3. Mailing Address <u>21 S. ANCHORS LK. DR.</u> Suite, Apt. #, etc.
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City & State <u>SANTA ROSA BEACH, FL</u>	City & State <u>SANTA ROSA BEACH, FL</u>
Zip <u>32459</u>	Zip <u>32459</u>
Country <u>USA</u>	Country <u>USA</u>

6. Name and Address of Current Registered Agent  MCKINLEY, MARY 6 PEBBLE BEACH DR SHALIMAR, FL 32579	7. Name and Address of New Registered Agent Name <u>SCHUYLER WOODS</u> Street Address (P.O. Box Number is Not Acceptable) <u>21 S. ANCHORS LK. DR.</u> City <u>SANTA ROSA BEACH</u> FL <u>32459</u>
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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 Schuyler Woods DATE 1.18.2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REAVEY, MIKE 335 ANTIQUA WAY NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, JOE 196 BUNKER PL SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINLEY, MARV 6 PEBBLE BEACH DR SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, SCHUYLER 21 S ANCHORS LAKE DR SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.

SIGNATURE: Schuyler Woods DATE 1.18.07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40007410



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3484938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required