2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000946

Entity Name: S.C.B. ECONOMIC DEVELOPMENT, INC.

Feb 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6790 NW 186 ST #418 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

P O BOX 015782 MIAMI, FL 331015782

FEI Number: 65-0896327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COAKLEY-BROWN, SHEILA 6790 NW 186 ST #418 MIAMI, FL 33015

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete COAKLEY-BROWN, SHEILA Name: Address: 6790 NW 186 ST #418

City-St-Zip: MIAMI, FL 33015

Title: () Delete COAKLEY, BOBBY Name: Address: 6790 NW 186 ST #418 City-St-Zip: MIAMI, FL 33015

Title: () Delete COAKLEY, RODERICK Name: 6790 NW 186 ST #418 Address: City-St-Zip: MIAMI, FL 33015

Title: VD () Delete RICKS, VITA Name: 6790 NW 186 ST #418 Address:

City-St-Zip: MIAMI, FL 33015

Title: VD () Delete COAKLEY BROWN, D'RELLE Name: 6790 NW 186 ST #418 Address:

City-St-Zip: MIAMI, FL 33015

Title: () Delete

Name: Address: City-St-Zip:

(X) Change () Addition COAKLEY-BROWN, SHEILA G PD Name:

Address: 6790 NW 186 ST #418 City-St-Zip: MIAMI, FL 33015

Title: (X) Change () Addition

Name: COAKLEY, BOBBY L TD Address: 6790 NW 186 ST #418 City-St-Zip: MIAMI, FL 33015

Title: (X) Change () Addition COAKLEY, RODERICK D SD Name: 6790 NW 186 ST #418 Address: City-St-Zip: MIAMI, FL 33015

Title: VD (X) Change () Addition

Name: RICKS, VITA B VD 6790 NW 186 ST #418 Address: City-St-Zip: MIAMI, FL 33015

Title: (X) Change () Addition COAKLEY BROWN, D'RELLE VD Name: 6790 NW 186 ST #418

Address: City-St-Zip: MIAMI, FL 33015

Title: () Change (X) Addition

POLYNICE, ZITA V VD Name: Address: 6790 NW 186 ST #418 MIAMI, FL 33015 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEILA G. COAKLEY-BROWN PD 02/25/2005