2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072645

Entity Name: SCAPE MANAGEMENT, INC.

FILED Apr 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

310 E GOVERNMENT ST 3181 BYRON PLACE

SUITE C1 CANTONMENT, FL 32533 US PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

206 PINE CONE DRIVE 2172 WEST NINE MILE ROAD

FT. WALTON BEACH, FL 32548

BOX 224

BENSACOL

PENSACOLA, FL 32534 US

FEI Number: 59-3705058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SCALLAN, MADELINE
310 E GOVERNMENT ST
SUITE C1
SCALLAN, MADELINE
3181 BYRON PLACE
CANTONMENT, FL 32533 US

PENSACOLA, FL 32502 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: MADELINE L SCALLAN 04/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name: SCALLAN, TED P Name: SCALLAN, TED P

Address: 206 PINE CONE DR Address: 2172 WEST NINE MILE ROAD, BOX 224

City-St-Zip: FT WALTON BEACH, FL 32548 City-St-Zip: PENSACOLA, FL 32534 US

Title: ST () Delete Title: ST (X) Change () Addition

Name: SCALLAN, MADELINE L Name: SCALLAN, MADELINE L

Address: 206 PINE CONE DR. Address: 2172 WEST NINE MILE ROAD, BOX 224

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: PENSACOLA, FL 32534 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED SCALLAN PRES 04/15/2007