

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000012462

Entity Name: SCARLET CLAW, INC.

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8008 WILES RD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

8008 WILES RD  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-1075339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORMAN S. LEVIN, P.A.  
1120 S FEDERAL HWY, SUITE 2  
FT LAUDERDALE, FL 33316 US

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

CRANCE, GAIL OFFICE  
8008 WILES ROAD  
CORAL SPRINGS, FL 33067 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: GAIL CRANCE

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: PAYSON, ANDREW M  
Address: 7801 SALEM LANE  
City-St-Zip: PARKLAND, FL 33067

Title: VTD  
Name: CRANCE, WAYNE D JR  
Address: 4852 ROTHSCHILD DR  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: DR WAYNE CRANCE

VICE

01/07/2010

Electronic Signature of Signing Officer or Director

Date