



ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90033 034 ***150.00

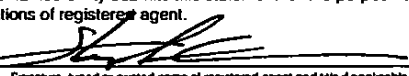
DOCUMENT # P01000117096 1. Entity Name SCIRE ENTERPRISES, INC.					
Principal Place of Business 1991 TIMBERLINE DR NAPLES, FL 34109			Mailing Address 1991 TIMBERLINE DR NAPLES, FL 34109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		


 02062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3759467		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCIRE, STEPHEN 1991 TIMBERLINE DR NAPLES, FL 34109		Name SCIRE, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 3270 5TH AVE NW City NAPLES FL Zip Code 34120	

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.

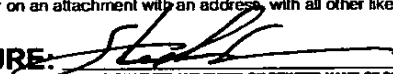
SIGNATURE:  2-6-06 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 80%;"> D SCIRE, STEPHEN <input type="checkbox"/> Delete 1991 TIMBERLINE DR NAPLES, FL 34109 </td> </tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIRE, STEPHEN <input type="checkbox"/> Delete 1991 TIMBERLINE DR NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 80%;"> D SCIRE, STEPHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3270 5TH AVE NW NAPLES, FL 34120 </td> </tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td style="font-size: x-small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIRE, STEPHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3270 5TH AVE NW NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, 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:  2-6-06 239-334-3697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #