

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000079052

**FILED**  
**Aug 03, 2005**  
**Secretary of State**

**Entity Name:** SCOOPY ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

1820 CHUCUNANTAH ROAD  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

1820 CHUCUNANTAH ROAD  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 26-0067263      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALLACE, KENNETH  
1820 CHUCUNANTAH RD.  
MIAMI, FL 33133 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALLACE, AMARYLIS  
Address: 2475 BRICKELL AVENUE #1110  
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete  
Name: WALLACE, KENNETH  
Address: 2475 BRICKELL AVENUE #1110  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WALLACE, AMARYLIS  
Address: 1820 CHUCUNANTAH ROAD  
City-St-Zip: MIAMI, FL 33133

Title: V (X) Change ( ) Addition  
Name: WALLACE, KENNETH  
Address: 1820 CHUCUNANTAH ROAD  
City-St-Zip: MIAMI, FL 33133

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH P. WALLACE

VP

08/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date