
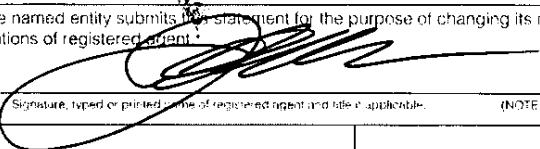
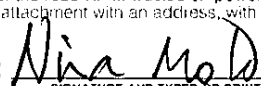


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 017 ***150.00

DOCUMENT # P03000094590 1. Entity Name SCOTTWILSON, INC.					
Principal Place of Business 2312 IMMOKALEE ROAD NAPLES, FL 34110			Mailing Address C/O ROBERT D. ROYSTON JR., ESQ. POST OFFICE DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Drawer 60205			
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o John M. Wicker, P.A.			
City & State		City & State Fort Myers FL		4. FEI Number 42-1629293	
Zip 33906	Country USA	Zip 33906	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BOULEVARD SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 City FORT MYERS, FL 33907 Zip Code	
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the state or foreign jurisdiction with, and accept the obligations of registered agent. SIGNATURE  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST MOLD, NINA R 8401 LAUREL LAKES BLVD NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  NINA MOLD 04/07/08					