2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000095949

Entity Name: SCOOPING YOURS, INC.

Current Principal Place of Business:

1638 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603 US

New Principal Place of Business:

6419 NEWBERRY RD
SUITE D9
GAINESVILLE, FL 32607 US

Current Mailing Address:

1638 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603 US

New Mailing Address:

PO BOX 14602
GAINESVILLE, FL 32604 US

FEI Number: 54-2126448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WILSON, GEOFFREY C
4510 NW 34TH DR
GAINESVILLE, FL 32605 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: GEOFFREY WILSON 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BISANZ, WILLIAM M
Address: 1638 WEST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32603 US

Title: D ( ) Delete
Name: WILSON, GEOFFREY C
Address: 602 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BISANZ, WILLIAM M
Address: PO BOX 14602
City-St-Zip: GAINESVILLE, FL 32604 US

Title: SD (X) Change ( ) Addition
Name: WILSON, GEOFFREY C
Address: 4510 NW 34TH DR
City-St-Zip: GAINESVILLE, FL 32605 US

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: GEOFFREY WILSON SD 04/30/2004
Electronic Signature of Signing Officer or Director Date