

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095949

Entity Name: SCOOPING YOURS, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

6419 NEWBERRY RD
SUITE D9
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14602
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 54-2126448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, GEOFFREY C
4510 NW 34TH DR
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

WILSON, GEOFFREY C
422 SW 140TH TERRACE
NEWBERRY, FL 32669 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:

05/01/2006

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: WILSON, GEOFFREY C
Address: 5168 NW 58TH ST
City-St-Zip: GAINESVILLE, FL 32653 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PTSD

05/01/2006

Electronic Signature of Signing Officer or Director

Date