


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000108099	
1. Entity Name SCOTT'S PRINTING SOLUTIONS, INC.	

Principal Place of Business P.O. BOX 970623 MIAMI, FL 33197	Mailing Address 19621 STERLING DR. MIAMI, FL 33157
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02052005 No Chg-P CR2E034 (10/03)


DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1695071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCOTT, YULLY MRS 19621 STERLING DR. MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

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.

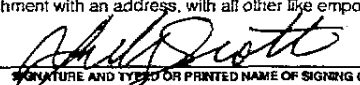
SIGNATURE:  (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000297559 04/11/05-80032-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, PAUL MR. 19621 STERLING DR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, YULLY MRS. 19621 STERLING DR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CONTRERAS, DEISA MS. 19621 STERLING DR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR CONTRERAS, MORELLA MS. 19621 STERLING DR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Yully Scott Vice President 3/14/05 (305) 786 2422 901 (305) 775 1446

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