2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108099

1. Entity Name
SCOTT'S PRINTING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 970623 MIAMI, FL 33197	19621 STERLING DR. MIAMI, FL 33157

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1695071
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000470841
03/28/06-80023-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, PAUL MR.
STREET ADDRESS	19621 STERLING DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP
NAME	SCOTT, YULLY MRS.
STREET ADDRESS	19621 STERLING DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	TREA
NAME	CONTRERAS, DEISA MS.
STREET ADDRESS	19621 STERLING DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	SECR
NAME	CONTRERAS, MORELLA MS.
STREET ADDRESS	19621 STERLING DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Yully Scott 2/24/06 (786)205 1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #