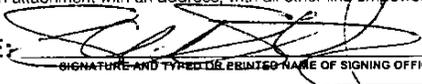


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 032 \*\*\*150.00

<b>DOCUMENT # P04000055450</b> 1. Entity Name <b>SCOSTA SUPPLY CORP.</b>					
Principal Place of Business <b>3705 COMMERCE CENTER DR                  SEBRING, FL 33870</b>		Mailing Address <b>3705 COMMERCE CENTER DR                  SEBRING, FL 33870</b>			
2. Principal Place of Business <b>3670 Commerce Center DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3670 Commerce Center DR.</b> Suite, Apt. #, etc.			
City & State <b>Sebring, FL</b>		City & State <b>Sebring, FL</b>		4. FEI Number <b>20-0944356</b>	
Zip <b>33870-5541</b>		Zip <b>33870-5541</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country <b>USA</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STANLEY, SCOTT                  3705 COMMERCE CENTER DR                  SEBRING, FL 33870</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3670 COMMERCE CENTER DRIVE</b>  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <b>STANLEY, SCOTT                  3705 COMMERCE CENTER DR                  SEBRING, FL 33870</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3670 COMMERCE CENTER DRIVE</b>	<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:  <b>SCOTT STANLEY, PRES</b> 1/27/06 863-3850242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					