


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000059157	
1. Entity Name SCOTT'S TRADEMASTER, INC.	

Principal Place of Business 1212 VILLAWAY SEBRING, FL 33876 US	Mailing Address 1212 VILLAWAY SEBRING, FL 33876 US
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2. Principal Place of Business 2809 BOULDER CT Suite, Apt. #, etc.	3. Mailing Address 2809 BOULDER CT Suite, Apt. #, etc.
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City & State SEBRING, FL	City & State SEBRING, FL	4. FEI Number 20-0936810	Applied For <input type="checkbox"/> Not Applicable
Zip 33875	Country USA	Zip 33875	Country USA

6. Name and Address of Current Registered Agent HICKS, SCOTT A 1212 VILLAWAY SEBRING, FL 33876	7. Name and Address of New Registered Agent Name SCOTT A HICKS Street Address (P.O. Box Number is Not Acceptable) 2809 BOULDER CT City SEBRING FL Zip Code 33875
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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: X Scott A Hicks SCOTT A HICKS PRES X 1-23-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, SCOTT A 1212 VILLAWAY SEBRING, FL 33876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A SCOTT A HICKS 2809 BOULDER CT SEBRING, FL 33875 <input checked="" 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	100065567801 02/10/06--01022--013 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>for 1/30</u> <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
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

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: X Scott A Hicks SCOTT A HICKS, PRES X 1-23-06 X 863-381-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
06 JAN 26 PM 3: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
01182006 REIN-P CR2E098 (11/05)