

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105821

Entity Name: MARY E. SCOVILLE, P.A.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

100 ALMERIA AVE SUITE 340
CORAL GABLES, FL 33134

New Principal Place of Business:

100 ALMERIA AVENUE
SUITE 340
CORAL GABLES, FL 33134

Current Mailing Address:

100 ALMERIA AVE SUITE 340
CORAL GABLES, FL 33134

New Mailing Address:

100 ALMERIA AVENUE
SUITE 340
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SCOVILLE, MARY E ESQ.
100 ALMERIA AVENUE
SUITE 340
CORAL GABLES, FL 33134 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: MARY E. SCOVILLE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCOVILLE, MARY E
Address: 100 ALMERIA AVE SUITE 340
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY E. SCOVILLE

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date