2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P04000159658** 04-21-2006 90115 031 ***150.00 1. Entity Name SCRATCH N' SNIFF, INC. Principal Place of Business Mailing Address **60 PELICAN PLACE 60 PELICAN PLACE** PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 No Chg-P 03202006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1942999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCLISH, LISA DO NOT WRITE **60 PELICAN PLACE** PALM HARBOR, FL 34683 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCCLISH, LISA NAME STREET ADDRESS **60 PELICAN PLACE** CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

FO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

FILED