


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PS 182

DOCUMENT # P04000168683		
1. Entity Name SCI ENTERPRISES, INC.		

FILED
05 SEP 20 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 252 NW 35TH STREET BOCA RATON FL 33431	Mailing Address 252 NW 35TH STREET BOCA RATON FL 33431
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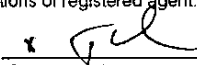
1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address 4781 NE 6th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Oakland Park	
Zip	Country	Zip 33334	Country Broward

4. FEI Number	T. ROBOUS	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		<input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent SHAWHAN, TODD 252 NW 35TH STREET BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Shawhan Todd Street Address (P.O. Box Number is Not Acceptable) 4781 NE 6th Ave City Oakland Park FL Zip Code 33334	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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 SHAWHAN, TODD 252 NW 35TH STREET BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shawhan Todd 4781 NE 6th Ave Oakland Park FL 33334 <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	700059771227 09/20/05--01012--001 **158.75 <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
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 exemption stated in Section 119.07(3)(i), 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:  9/14/05 561 722 7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PS 202

August 14th 2005

Florida Department of State
Division of Corporations
Annual Report Section
P.O.Box 6850
Tallahassee, FL 32314

SCI Enterprises, Inc
4781 NE 6th Avenue
Oakland Park, FL 33334

~~Please be advised I never received the original application for my annual report.~~

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$158.75

Please note my new address which changed in June of 2005, but I should have still received the application which I did not.

Thank you,

Todd Shawhan