


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90205 011 \*\*\*150.00

<b>DOCUMENT # P04000169942</b>					
<b>1. Entity Name</b> <b>SCLEROTECH CONSULTING INC.</b>					
<b>Principal Place of Business</b> 1178 18TH STREET NORTH JACKSONVILLE, FL 32250			<b>Mailing Address</b> 1178 18TH STREET NORTH JACKSONVILLE, FL 32250		
<b>2. Principal Place of Business - No P.O. Box #</b> 1116 17th Street N		<b>3. Mailing Address</b> 1116 17th Street N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville Beach, FL		<b>City &amp; State</b> Jacksonville Beach, FL		<b>4. FEI Number</b> 20-1956794	
<b>Zip</b> 32250		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VINING, JOYCE 1178 18TH STREET NORTH JACKSONVILLE, FL 32250			<b>7. Name and Address of New Registered Agent</b> Name <u>Vining, Joyce</u> Street Address (P.O. Box Number is Not Acceptable) <u>1116 17th Street N</u> City <u>Jacksonville Beach, FL</u> <b>Zip Code</b> <u>32250</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINING, JOYCE 1178 18TH STREET NORTH JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vining, Joyce 1116 17th Street N Jacksonville Beach, FL 32250
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>4/28/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>					