


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90367 014 \*\*\*150.00

<b>DOCUMENT # P05000061053</b>					
<b>1. Entity Name</b> THE SCENT CASTLE INC					
<b>Principal Place of Business</b> 325 K EAST MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952			<b>Mailing Address</b> 325 K EAST MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952		
<b>2. Principal Place of Business - No P.O. Box #</b> 501 N COURTENAY PKWY		<b>3. Mailing Address</b> 501 N COURTENAY PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MERRITT ISLAND FL		<b>City &amp; State</b> MERRITT ISLAND FL		<b>4. FEI Number</b> 56-2509515	
<b>Zip</b> 32953		<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>  TIPTON, ENIDE P 1970 BARR STREET MERRITT ISLAND, FL 32952			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> P <b>NAME</b> TIPTON, ENIDE P <b>STREET ADDRESS</b> 1970 BARR STREET <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/7/07 Daytime Phone #: 321 4538223		

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