2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 AI Secretary of State

ANNOAL REPORT							
DOCUMENT # P0500 1. Entity Name THE SCENT CASTLE INC							
Principal Place of Business	Malling Address	•					
501 N COURTENAY PKWY MERRITT ISLAND, FL 32953	501 N COURTENAY PKWY MERRITT ISLAND, FL 32953						

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DO NOT WRITE IN THIS SPACE		03142008 4. FEI Numbe 56-250	No Chg-P	CR2E03	Applied For Not Applicable S8.75 Additional Fee Required			
Name and Address of Current Registered Agent					······································			
TIPTON, ENIDE P 1970 BARR STREET MERRITT ISLAND, FL 32952			DO NOT WRITE IN THIS SPACE					
3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Signature, typed or printed name of registered agent and title of applicable. (NOTE, Registered Agent agricultura required when reinstating) 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	CTORS			Honoor	1865724		
ITLE IAME STREET ADDRESS SITY-SI-ZIP ITLE IAME STREET ADDRESS	TIPTON, ENIDE P 1970 BARR STREET MERRITT ISLAND, FL 32952		U00000865724 04/07/08-80040-006 150.00 DO NOT WRITE				-006 150 .0 0	
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IAME STREET ADDRESS STY-ST-ZIP								
IAME TREE1 ADDRESS CITY+S1-ZIP								

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, withall other like empowered.

SIGNATURE:

GNAP ARE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

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Davime Phone