## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000103488

Address:

City-St-Zip:

FILED Jul 17, 2007 Secretary of State

Entity Nan	ne: SCRAP	N AROUNI	D AMELIA, INC.							
Current Principal Place of Business:					New Principal Place of Business:					
	I ST., UNIT ( INA BEACH,									
Current Mailing Address:					New Mailing Address:					
528 S. 8TH FERNAND	I ST., UNIT C INA BEACH,	FL 32034								
FEI Number:	20-3227628	FEI Num	ber Applied For()	FEI Numbe	r Not Applic	able ( )	Certific	cate of Statu	us Desired (	)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:					
	NN INY PARKE INA BEACH,		US							
The above in the State		submits th	is statement for the	purpose of ch	anging its	registere	d office or	registered	dagent, or l	both,
SIGNATUR	RE:									
	Electro	onic Signatu	re of Registered Ag	ent				Date		
		. , . , ,	, the corporation did no	ot receive the p	rior notice.					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address:	V ( BYRD, VALEI 86394 SAND		AIL		me:	P BYRD, VALI 86361 GOO	ERIE	()Addition	n	

City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097 () Delete Title: (X) Change ( ) Addition TODD, LYNN Name: Name: TODD, LYNN

86394 SAND HICKORY TRAIL Address: 33329 SUNNY PARK CIRCLE YULEE, FL 32097 FERNANDINA BEACH, FL 32034 City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition

Name: BYRD, BARBARA Name: BYRD, BARBARA

86394 SAND HICKORY TRAIL Address: Address: 86361 GOODBREAD ROAD

City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BYRD Τ 07/17/2007