2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000119830 01-22-2007 90076 001 ***150.00 1. Entity Name MARGUERITE SCOTT ENTERTAINMENT INC. Principal Place of Business Mailing Address 40003200 4001 HILLCREST DR APT 410 4001 HILLCREST DR APT 410 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 13-4312759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, MARGUERITE Street Address (P.O. Box Number is Not Acceptable) 4001 HILLCREST DR APT 410 HOLLYWOOD, FL 33021 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1ITLE ☐ Delete TITLE ☐ Change ■ Addition SCOTT, MARGUERITE NAME NAME STREET ADDRESS C/O 4001 HILLCREST DR APT 410 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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.

SIGNATURE: _

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

<u>984-963-55Q6</u>

FILED Jan 22, 2007 8:00 am

Daylime Phone #