2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 26, 2007 08:00 A Secretary of State

- ANNUAL REPORT				Apr 20, 200/ 00:0		
DOCUMENT # P05000129256 1. Entity Name SCRIBES PUBLISHING INCORPORATED			Secretary of St			
Principal Place P.O. BOX 16 MIAMI, FL 3	6264	Mailing Address P.O. BOX 166264 MIAMI, FL 33116		 	N GANTH ORM BOWN COM GANGI GA	18 4060 14010 14001 01150 880070 11 4105
DO NOT WRITE IN THIS SPAC			CE	04132007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-3543111 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HORNE, GARRETT L 8832 S.W. 72 STREET APT M277 MIAMI, FL 33173			DO NOT WRITE IN THIS SPACE			
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. SIGNATURE Signature, typed or printed name of registered agent and store applicable (NOTE: Hopkitzered Agent signature required when releasing) DATE: 100000734099 9. Election Campaign Financing \$5.00 May Be						
After May 1, 2007 Fee will be \$650.00 Trust Fund Contribution.				ed to Fees	95/09/07-80 	0111-012 150.00
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI CEO HORNE, GARRETT L 8832 S.W. 72 STREET APT M277 MIAMI, FL 33173	RECTORS				·
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
Of the cor	certify that the information supplied with the certify that the information supplied with the lond this report is transfer or trustee empower, or on an attachment with an address, with an address, with an address.	rea to execute this report as requ	emptions contained ture shall have the ired by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. I furt ict as if made under oath es; and that my name ap	her certify that the information ; that I am an officer or director opears in Block 10 or Block 11 if