2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90101 029 ***150.00

Principal Place of Business SoliEFERSON AVENUE PONTE VEDRA BEACH, FL 32082 Size Apt #, etc. Doctors Size Apt #, etc. Size	DOCUMENT # P05000134274 1. Entity Name SCCC ENTERPRISES, INC.						04-11-200	J6 90101 0 <i>29</i> ****	130.00	
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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 termiliar with, and accept the obligations of registered agent. SIGNATURE Signature	50 JEFFER	RSON AVENUE								
THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: INTE NAME STAUB-ESTEBANEZ, SHELLEY PONTE VEDRA BEACH, FL 32082 CITY ST 2/P PONTE VEDRA BEACH, FL 32082 CITY ST 2/P FONTE VEDRA BEACH, FL 32082 CITY ST 2/P CHARGE STREET ADDRESS CI	:				City FL Zip Code					
NOTE Registered Agent signature requires when revolating NOTE Registered Agent signature requires when revolating	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.									
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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	NAME STREET ADDRESS CITY ST ZIP			NAM STRE CITY	e et address st zip			-		

12. The early 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 chapter 607, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06 (904) 280-3761