2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141681

Entity Name: SCOTT SCHELL PA

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4809 MOUND AVE #202 4809 S MOUND AVE

TAMPA, FL 33611 #201

TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

4809 S MOUND AVE 4809 MOUND AVE #202 TAMPA, FL 33611

#201

TAMPA, FL 33611 US

FEI Number: 02-0755026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHELL, SCOTT SCHELL, SCOTT 4809 MOUND AVE 4809 S MOUND AVE #202 #201 TAMPA, FL 33611 US TAMPA, FL 33611 US

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.

SIGNATURE: SCOTT M SCHELL 03/27/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SCHELL, SCOTT Name: SCHELL, SCOTT 4809 MOUND AVE #202 4809 S MOUND AVE #201 Address: Address: City-St-Zip: TAMPA, FL 33611 US City-St-Zip: TAMPA, FL 33611 US

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

Name: SCHELL, SCOTT Name: SCHELL, SCOTT 4809 MOUND AVE #202 4809 S MOUND AVE #201 Address: Address: TAMPA, FL 33611 US TAMPA, FL 33611 US City-St-Zip: City-St-Zip:

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

SCHELL, SCOTT SCHELL, SCOTT Name: Name: 4809 MOUND AVE #202 4809 S MOUND AVE #201 Address: Address:

City-St-Zip: TAMPA, FL 33611 US City-St-Zip: TAMPA, FL 33611 US

Title: TREA () Delete Title: TREA (X) Change () Addition SCHELL, SCOTT SCHELL, SCOTT Name: Name:

Address: 4809 MOUND AVE #202 Address: 4809 S MOUND AVE #201 City-St-Zip: City-St-Zip: TAMPA, FL 33611 US TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT M SCHELL MR. 03/27/2007