

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144740

FILED
Jul 02, 2006
Secretary of State

Entity Name: SCATTLOWE'S GIFT ATTIC CO.

Current Principal Place of Business:

821 WICKHAM LAKES DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

821 WICKHAM LAKES DRIVE
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 20-3685151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWE, CONNIE
821 WICKHAM LAKES DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

LOWE, CONNIE S
821 WICKHAM LAKES DRIVE
MELBOURNE, FL 32940 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: CONNIE S LOWE

07/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LOWE, CONNIE
Address: 821 WICKHAM LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: D () Delete
Name: LOWE, CONNIE
Address: 821 WICKHAM LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: LOWE, CONNIE S
Address: 821 WICKHAM LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CONNIE S LOWE

PVST

07/02/2006

Electronic Signature of Signing Officer or Director

Date