

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161502

Entity Name: SCENICWORKS, INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

1701 DIRECTORS ROW
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1701 DIRECTORS ROW
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-3920058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HACKWORTH, VALERIE
1701 DIRECTORS ROW
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HACKWORTH, VALERIE
Address: 1701 DIRECTORS ROW
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: MCBRIDE, NATHANIEL
Address: 1701 DIRECTORS ROW
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: HACKWORTH, VALERIE
Address: 1701 DIRECTORS ROW
City-St-Zip: ORLANDO, FL 32809

Title: O (X) Change () Addition
Name: MCBRIDE, NATHANIEL
Address: 1701 DIRECTORS ROW
City-St-Zip: ORLANDO, FL 32809

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: VALERIE HACKWORTH

O

02/02/2006

Electronic Signature of Signing Officer or Director

Date