2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040546

1. Entity Name
SCAN AGAIN, INC.

Principal Place of Business	Mailing Address
1101 NICHOLSON ROAD, UNIT 3 NEWMAKER, ONTARIO L9Y 3C9, OC	1101 NICHOLSON ROAD, UNIT 3 NEWMAKER, ONTARIO L9Y 3C9, OC

2. Principal Place of Business - No P.O. Box #
2330 Success Dr.
Suite, Apt. #, etc.

3. Mailing Address
1101 Nicholson Rd, Unit 3
Suite, Apt. #, etc.

03242008   Chg-P   CR2E034 (12/06)

City & State
Odessa, FL

City & State
Newmarket, ON

4. FEI Number
20-4542028

Applied For
Not Applicable ☑

Zip 33556   Country USA
Zip L3Y 9C3 -   Country CANADA

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALK, GARY
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUCK, JAMES L		NAME		
STREET ADDRESS	2078 VENDOME AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA,		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRACKEN, TIM		NAME		
STREET ADDRESS	154 BLUESKI GEORGE CR, COLLINGWOOD		STREET ADDRESS		
CITY-ST-ZIP	ONTARIO, CANADA, L9Y 3Z2,		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAHAM, TOM		NAME		
STREET ADDRESS	2087 SOUTHVIEW AVENUE INNISFIL,		STREET ADDRESS		
CITY-ST-ZIP	ONTARIO, CANADA, L9S 1H4,		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/24/08   905-953-8373 x 101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #