## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000065732

263 TORREY PINES PT

NAPLES, FL 34113 US

Address:

City-St-Zip:

FILED Feb 05, 2007 Secretary of State

Entity Name: SCENTCHIPS AND MORE, INC. **Current Principal Place of Business: New Principal Place of Business:** 263 TORREY PINES PT NAPLES, FL 34113 **Current Mailing Address: New Mailing Address:** 263 TORREY PINES PT NAPLES, FL 34113 FEI Number: 20-4849157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, PATRICIA 263 TORREY PINES PT NAPLES, FL 34113 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition Title: ( ) Delete Title: PRICE, DAVID PRICE, DAVID C Name: Name: 263 TORREY PINES PT 263 TORREY PINES PT Address: Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: NAPLES, FL 34113 US Title: PTD Title: () Change () Addition () Delete Name: PRICE, PATRICIA 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: PATRICIA A PRICE PTD 02/05/2007