

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065732

FILED
Jan 17, 2009
Secretary of State

Entity Name: SCENTCHIPS AND MORE, INC.

Current Principal Place of Business:

263 TORREY PINES PT
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

263 TORREY PINES PT
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 20-4849157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, PATRICIA A
263 TORREY PINES PT
NAPLES, FL 34113 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: VS () Delete
Name: PRICE, DAVID C
Address: 263 TORREY PINES PT
City-St-Zip: NAPLES, FL 34113 US

Title: PTD () Delete
Name: PRICE, PATRICIA
Address: 263 TORREY PINES PT
City-St-Zip: NAPLES, FL 34113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: PRICE, DAVID C VS
Address: 263 TORREY PINES PT
City-St-Zip: NAPLES, FL 34113 US

Title: PTD (X) Change () Addition
Name: PRICE, PATRICIA A PTD
Address: 263 TORREY PINES PT
City-St-Zip: NAPLES, FL 34113 US

I hereby certify that the information supplied with this filing does not qualify 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

01/17/2009

Electronic Signature of Signing Officer or Director

Date