2008 FOR PROFIT CORPORATION

FILED Jun 26, 2008 8:00 am Secretary of State 06-26-2008 90001 047 ***550.00

ANNUAL REPORT					Secretary of State				
DOCU 1. Entity Nam SCOTT F	ne	# P07000019 IN, PA		4	06-26-2008	•			
Principal Plac	e of Busines	s	Mailing Address	*	7				
3589 LONE Jacksonvili	TREE LANE		3589 LONE TREE LANE JACKSONVILLE, FL 3221	6 US	1 1 .			(= 14808 h)	
2. Principal F	Place of Busin	ness - No P.O. Box #	True lave						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		06242008	Chg-P	CR2E034 (12/06)	
City & State Jackson ille, Florid		City & State Tack som ille, Florida		4. FEI Number 20 - 9	843 886 ठ		No	plied For t Applicable	
Zíp 32 -2	μ Π	Country	ار الإحداد عالم	Country Ls A		f Status Desired	Fee	75 Add Required	
	6. Nams	and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent Name				
ELLERIN, 3589 LON				Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	IVILLE, FL	. 32216							
			City			r L	Žip 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 6-24-0 CICNATURE									
SIGNATURE									
FILE NOWII! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 12, 2008 7. Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND I	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIR	ECTORS	S IN 11
TITLE	Р	· · ·	☐ Delete	TITLE	<u> </u>			Change	☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP	3589 LON	, SCOTT R NE TREE LANE NVILLE, FL 32216		NAME STREET ADDRESS CITY-ST-ZIP				·	
*!TLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
12. I hereby certify that the information subplied 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 of rungtee 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 addless, with all other like empowered.									
SIGNATURE: 6-24-08 94-636-9901									