2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# P07000085650

Entity Name: SCA WOODWORKS INC

Current Principal Place of Business:

4344 NW 9TH AVE BLDG 11
APT 1C
POMPANO BEACH, FL 33064

New Principal Place of Business:

4344 NW 9TH AVE BLDG 11
1C MAILBOX 171
POMPANO BEACH, FL 33064

Current Mailing Address:

4344 NW 9TH AVE BLDG 11
APT 1C
POMPANO BEACH, FL 33064

New Mailing Address:

4344 NW 9TH AVE BLDG 11
1C MAILBOX 171
POMPANO BEACH, FL 33064

FEI Number: 83-0489593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVES, SIDENILSON C
4344 NW 9TH AVE BLDG 11
APT 1C
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

ALVES, SIDENILSON C
4344 NW 9TH AVE BLDG 11
1C MAILBOX 171
POMPANO BEACH, FL 33064 US

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: SIDENILSON C ALVES 08/29/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: ALVES, SIDENILSON C
Address: 4344 NW 9TH AVE BLDG 11 APT 1C
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: ALVES, SIDENILSON C
Address: 4344 NW 9TH AVE BLDG 11- 1C - MAILBOX 171
City-St-Zip: POMPANO BEACH, FL 33064

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: SIDENILSON C ALVES PDS 08/29/2008
Electronic Signature of Signing Officer or Director Date