

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000104698

Entity Name: SCIENTIFIC BUILDING METHODS, INC.

FILED
Oct 23, 2008
Secretary of State

Current Principal Place of Business:

6639 STREET MAPLE LANE
BOCA RATON, FL 33433

New Principal Place of Business:

21000 BOCA RIO ROAD
C-15
BOCA RATON, FL 33433 US

Current Mailing Address:

6639 STREET MAPLE LANE
BOCA RATON, FL 33433

New Mailing Address:

21000 BOCA RIO ROAD
C-15
BOCA RATON, FL 33433 US

FEI Number: 26-1143459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREDOFF, SHANE M
6639 STREET MAPLE LANE
BOCA RATON, FL 33433 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREDOFF, SHANE M
Address: 6639 STREET MAPLE LANE
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: SMITH, MICHAEL S PRES.
Address: 21000 BOCA RIO ROAD, SUITE C-15
City-St-Zip: BOCA RATON, FL 33433 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: MICHAEL S. SMITH

PRES

10/23/2008

Electronic Signature of Signing Officer or Director

Date