

# 17534

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # P14755**1. Entity Name  
SET POINT, INC.**FILED**  
**Jun 30, 2008 08:00 AM**  
**Secretary of State**Principal Place of Business  
% SCULLY COMPANY  
801 OLD YORK ROAD  
JENKINTOWN, PA 19046Mailing Address  
% SCULLY COMPANY  
801 OLD YORK ROAD  
JENKINTOWN, PA 19046

06192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
23-2438113  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**DO NOT WRITE  
IN THIS SPACE**

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**10. OFFICERS AND DIRECTORS**

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCULLY, MICHAEL A.<br>801 OLD YORK RD.<br>JENKINTOWN, PA    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CAPINIGRO, LOUISE<br>801 OLD YORK RD.<br>JENKINTOWN, PA      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SCULLY, JAMES D., JR.<br>801 OLD YORK RD.<br>JENKINTOWN, PA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

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06/30/08-80002-017 550.00**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied 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 or trustee 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 address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/08

(215) 887-8700

Date

Daytime Phone #