2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2004 8:00 am Secretary of State **DOCUMENT # P94000041511** 1. Entity Name 05-05-2004 90201 013 ***150.00 SCOTT GREGORY'S INC 544 W. FATEBANKS AUE, 460 N. ORLANO AVE >54 3300 AMHERST AVE ORLANDO, FL 32804 US PARK, FL 32789 04302004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3240885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOORE, GREG 3300 AMHERST AVE ORLANDO, FL 32804 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPTS TITLE MOORE, GREG NAME STREET ADDRESS 3300 AMHERST AVE ORLANDO, FL 32804 CITY-ST-7IP TITLE HAME STREET ADDRESS CITY ST ZIP TITLE STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TIR F NAME STREET ADDRESS CITY ST 74P of this filing does not quarty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director npowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or supply mental rep with all other changed, or on an attachmen SIGNATURE:

FILED