


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000052477</b>	
1. Entity Name <b>S'CRIDGE CORP.</b>	

Principal Place of Business <b>101 PLAZA REAL SOUTH 729 BOCA RATON, FL 33432</b>	Mailing Address <b>101 PLAZA REAL SOUTH 729 BOCA RATON, FL 33432</b>
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**DO NOT WRITE IN THIS SPACE**



03062006 No Chg-P CR2E034 (11/05)

4. FCI Number **65-0597645** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FASS, JOANN  
101 PLAZA REAL SOUTH  
729  
BOCA RATON, FL 33432**

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FASS, JOANN 101 PLAZA REAL SOUTH, # 729 BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FASS, ROBERT 101 PLAZA REAL SOUTH, # 729 BOCA RATON, FL 33432</b>
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**U00000497058  
04/13/06-80061-015 150.00**

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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

**March 29-06 954-464-5796**  
Date Daytime Phone #