2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 08:00 AM **DOCUMENT # P96000046902 Secretary of State** 1. Entity Name SCAT CORP Principal Place of Business Mailing Address 471 N.E. 101ST STREET 471 N.E. 101ST STREET MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 03032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0671349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHULMAN, STEVEN M DO NOT WRITE 471 N.E. 101ST STREET MIAMI SHORES, FL 33138 IN THIS SPACE \$. 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 represent agent and tall if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SHULMAN, STEVEN M 471 N.E. 1018T STREET ADDRESS U00000254534 03/07/05-80079-005 150.00 CITY-ST-ZIP MIAMI SHORES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all priner [ike empowered.] SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED