2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024515

Entity Name: SCN CONSULTANTS, INC.

FILED Apr 06, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

10819 EMERALD CHASE DRIVE 9226 CROMWELL PARK PLACE

ORLANDO, FL 32836 ORLANDO, FL 32827

Current Mailing Address: New Mailing Address:

10819 EMERALD CHASE DRIVE 9226 CROMWELL PARK PLACE

ORLANDO, FL 32836 ORLANDO, FL 32827

FEI Number: 36-4149822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLDMAN, LAWRENCE A

10819 EMERALD CHASE DRIVE
ORLANDO, FL 32836 US

GOLDMAN, LAWRENCE A
9226 CROMWELL PARK PLACE
ORLANDO, FL 32827 US

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: 04/06/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SNELL, LINDA

 Address:
 10819 EMERALD CHASE DRIVE

 Address:
 9226 CROMWELL PARK PLACE

City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32827

Title: T () Delete Title: T (X) Change () Addition

Name: SNELL, GRAHAM Name: SNELL, GRAHAM

Address: 10819 EMERALD CHASE DRIVE Address: 9226 CROMWELL PARK PLACE

City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32827

Title: S () Delete Title: S (X) Change () Addition Name: GOLDMAN, LAWRENCE Name: GOLDMAN, LAWRENCE

Name: GOLDMAN, LAWRENCE Name: GOLDMAN, LAWRENCE
Address: 10819 EMERALD CHASE DRIVE Address: 9226 CROMWELL PARK PLACE

City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32827

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: LINDA C SNELL PRES 04/06/2008