2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 08:00 AM

DOCUMENT # P97000108567 1. Entity Name DENNIS SCOTT INC.			Secretary of State	2	
Principal Place 4461 DAUGH DELAND, FL	IARTY RO	Mailing Address 4461 DAUGHARTY RD DELAND, FL 32724		> 1990/1990 (An institution of section and the section of the sect	161
	O NOT WRITE	IN THIS SPA	CE	03082006 No Chg-P GR2E034 (11/05)	
				4. FEI Number Applied F 59-3484087 Not Applie 5. Certificate of Status Desired \$8.75 Additional Fee Required	cable
8. Name and Address of Current Registered Agent SCOTT, DENNIS 4461 DAUGHARTY RD DELAND, FL 32724				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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable - (HOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable - (HOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable - (HOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable - (HOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable - (HOTE: Registered Agent signature, typed or printed name of registered agent a					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Etection Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	IRECTORS			
HAME STREET ADDRESS CITY-SI-ZIP	SCOTT, DENNIS 4461 DAUGHARTY RD DELAND, FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, ANTHONY 4461 DAUGHARTY RD DELAND, FL 32724			U00000470409 03/28/06-80013-005 150.0	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN THIS SPACE	!
Title Wame Street Address City-St-Zip					
Tifle Name Street Address City-57-Zip		4-			
12. Thereby certify that the information supplied with this filling 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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 it changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DRIVE DEPARTS FROM 1					