2008 FOR PROFIT CORPORATION ANNUAL REPORT =

FILED Jan 09, 2008 08:00 A **DOCUMENT # P98000071341** Secretary of State SCOUT PROPERTIES, INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DR. 520 BRICKELL KEY DR. #A-BH23 #A-BH23 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (11/05) 01052008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0860250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEGAL ASSETS, INC. DO NOT WRITE 1401 BRICKELL AVENUE SUITE 700 IN THIS SPACE MIAMI, FL 33131 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ΠP TITLE SACHER, ANGELA A NAME 520 BRIKELL KEY DR., #A-BH23 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 U00000776741 01/03/08-80036-014 158.75 TITLE SACHER, BARTON S NAME STREET ADDRESS 520 BRICKELL KEY DR., #A-BH23 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby 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 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ANGELA A. SACHER PRESIDENT

7/08

305 372 2769

Daytime Phone #