

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90435 001 ***158.75

DOCUMENT # P98000101925

1. Entity Name

SCIENTIFIC NEWS INTERNATIONAL, INC.



Principal Place of Business

C/O LAW OFFICES OF JENNIFER L. WHITE
3838 TAMiami TRAIL NORTH, STE 310
NAPLES FL 34103

Mailing Address

C/O LAW OFFICES OF JENNIFER L. WHITE
3838 TAMiami TRAIL NORTH, STE 310
NAPLES FL 34103

2. Principal Place of Business

6313 Corporate Ct
Suite, Apt. #, etc.
Suite A

3. Mailing Address

C/O WHITELAW LEGAL GROUP
3838 TAMiami TRAIL NORTH
NAPLES FL 34103

City & State

Ft Myers FL
Zip 33919 Country USA

City & State

NAPLES FL
Zip 34103 Country USA

6313 Corporate Ct, Suite A
Fort Myers, FL 33919



MOORE

CR2E034 (11/03)

4. FEI Number

65-0900802

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITELAW, JENNIFER L
3838 TAMiami TRAIL NORTH
STE 310
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIBIASE, ANTHONY M JR	
STREET ADDRESS	12800 UNIVERSITY DRIVE STE 350	
CITY-ST-ZIP	FORT MYERS FL 33907-5344	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKINSON, DONNA	
STREET ADDRESS	12800 UNIVERSITY DRIVE STE 350	
CITY-ST-ZIP	FORT MYERS FL 33907-5344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

Donna Dickinson

2/24/04

231-437-5556