


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000013989	
1. Entity Name SCRUMPS ENTERTAINMENT, INC.	

Principal Place of Business 19320 NORTHWEST 47TH AVENUE MIAMI, FL 33055	Mailing Address 19320 NORTHWEST 47TH AVENUE MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOHNSON, CHRISTINE 15710 N.W. 44TH COURT OPA LOCKA, FL 33054	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. I am familiar with, and accept the obligations of registered agent.	

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000131521 04/27/04 00000 814 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLETCHER, TERRI 19320 NORTHWEST 47TH AVENUE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, CHRISTINE 15710 NW 44 COURT OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLETCHER, JOHN 19320 NORTHWEST 47TH AVENUE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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: <u>Terri Fletcher</u>	April 12, 2004	305-624-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		