
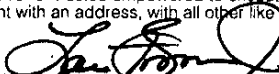


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90141 044 \*\*\*150.00

|   |                               |   |   |  |  |
|---|-------------------------------|---|---|--|--|
| DOCUMENT # P99000075721   |                               |   |   |         |  |
| 1. Entity Name<br>SCANTAINER, INC.  |                               |   |   |  |  |
| Principal Place of Business<br>2199 PONCE DE LEON BLVD.<br>SUITE 301<br>CORAL GABLES, FL 33134 US   |                               | Mailing Address<br>2199 PONCE DE LEON BLVD.<br>SUITE 301<br>CORAL GABLES, FL 33134 US                               |   |  |  |
| 2. Principal Place of Business  |                               | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                               | City & State  |   |  |  |
| Zip   | Country                       | Zip   | Country   | 4. FEI Number<br>65-0944249  |  |
|   |                               |   |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
|   |                               |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                               |   | 7. Name and Address of New Registered Agent           |  |  |
| STEWART AGENT SERVICES<br>2199 PONCE DE LEON BLVD.<br>SUITE 301<br>CORAL GABLES, FL 33134   |                               |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                               |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                               |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE   | VPSP                          | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | STINSON, LOUIS JR             |   | NAME  |  |  |
| STREET ADDRESS  | 2199 PONCE DE LEON BLVD. #301 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CORAL GABLES, FL 33134        |   | CITY-ST-ZIP   |  |  |
| TITLE   | VPAS                          | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | SKINNER, T A                  |   | NAME  |  |  |
| STREET ADDRESS  | 2199 PONCE DE LEON BLD., #301 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CORAL GABLES, FL 33134        |   | CITY-ST-ZIP   |  |  |
| TITLE   | PD                            | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | MARGARD, ERIK                 |   | NAME  |  |  |
| STREET ADDRESS  | 1491 N.E. 102 ND STREET       |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI SHORES, FL 33138        |   | CITY-ST-ZIP   |  |  |
| TITLE   | VP                            | <input type="checkbox"/> Delete   | TITLE   | VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | DE BLASI, JOHN                |   | NAME  | De Blasi, John   |  |
| STREET ADDRESS  | 1747 N.E. 124 STREET          |   | STREET ADDRESS  | 2199 Ponce de Leon Boulevard #301  |  |
| CITY-ST-ZIP   | NORTH MIAMI, FL 33181         |   | CITY-ST-ZIP   | Coral Gables, FL 33134   |  |
| TITLE   |                               | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                               |   | NAME  |  |  |
| STREET ADDRESS  |                               |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                               |   | CITY-ST-ZIP   |  |  |
| TITLE   |                               | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                               |   | NAME  |  |  |
| STREET ADDRESS  |                               |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                               |   | 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:   |                               |   | 04/07/2005 305-444-8807                               |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                               |   | Date Daytime Phone #                                  |  |  |