## 2005 FOR PROFIT CORPORATION ANNUAL REPORT.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 12, 2005 08:00 AM Secretary of State

Caytime Phone #

| DOCUMENT # P99000107794   |  |  |  |                       |                          | Secretary of State                 |                 |                                 |                             |  |
|---|--|--|--|-----------------------|--------------------------|------------------------------------|-----------------|---------------------------------|-----------------------------|--|
| SCOTT CAREY, INC.   |  |  |  |                       |                          |                                    |                 |                                 |                             |  |
| Principal Plac  | e of Business  | Mailing Address                            | Mailing Address                                    |                       |                          |                                    |                 |                                 |                             |  |
| 462 SPRINGWOOD COURT<br>LONGWOOD, FL 32750  |  | 462 SPRINGWOOD COURT<br>LONGWOOD, FL 32750 |  | t innitent lie        | (21) (21) 8214 8814 281  | († 18 <b>11</b> ) <b>1 1 1</b> 1 1 | LEWIN LEGG 210  | EV <b>EN</b> I IV F <b>ER</b> I |                             |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                         | 3. Mailing Address                                 |                       |                          |                                    |                 |                                 |                             |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                        | Suite, Apt. #, etc.                                |                       | 04092005                 | Chg-P                              | CR2E03          | 4 (10/03)                       |                             |  |
| City & State  |  | City & State                               |  |                       | 4. FEI Number 59-3612    |                                    |                 | <b></b>                         | oplied For<br>of Applicable |  |
| Zip   | Country  | Zip  | Count  | try                   | 5. Certificate o         | of Status Desired                  |                 | 8.75 Add                        |                             |  |
| <u> </u>  | 6. Name and Address of Currer                            | nt Registered Agent                        |  | Name                  | 7. Name and A            | Address of New R                   | egistered Ag    | ent                             |                             |  |
|   | COTT<br>IGWOOD COURT<br>OD, FL 32750                     |  | Street Address (P.O. Box Number is Not Acceptable) |                       |                          |                                    |                 |                                 |                             |  |
|   |  |  |  | City                  |                          |                                    | FL              | Zip Code                        | ə                           |  |
| 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 tille if applicable, (NOTE: Registered Agent eignature required when reinstating)  DATE  |  |  |  |                       |                          |                                    |                 |                                 |                             |  |
| FIL<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550 | 9. Election Campa:<br>Trust Fund Cont      |  |                       | .00 May Be<br>ed to Fees |                                    |                 |                                 |                             |  |
| 10.   | OFFICERS AND DIRECTORS                                   |  | 11.  |                       | ADDITIONS/C              | HANGES TO OFFI                     | CERS AND D      | IRECTOR!                        | S IN 11                     |  |
| TITLE<br>NAME   | P<br>CAREY, SCOTT T                                      | ☐ Delete                                   | TITLE<br>NAME                                      | 1                     | ÷                        |                                    | 1               | Change                          | Addition                    |  |
| STREET ADDRESS  | 462 SPRINGWOOD COURT                                     |  | STRE   | ET ADDRESS            |                          | വരന്ത                              | akeeed<br>Table |                                 | }                           |  |
| C/TY-ST-ZIP   | LONGWOOD, FL 32750                                       |  | GITY-  | -ST-ZIP               | #P0000356349<br>         |                                    |                 | <del>(n_n)</del>                |                             |  |
| TITLE<br>Name   |  | ☐ Delete                                   | TITLE  | 1                     |                          | 774 154 70                         | Others (        | T Change .                      | ''. 🖸 Wädition }            |  |
| STREET ADDRESS  |  |  | STRE   | ET ADDRESS            |                          |                                    |                 |                                 | }                           |  |
| CITY-ST-ZIP   |  | ☐ Delete                                   | _{   | -ST-ZIP               |                          |                                    |                 |                                 | D Addition                  |  |
| NAME  |  | LJ Delete                                  | TITLE<br>NAME                                      | •                     |                          |                                    | 1               | Change                          | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  | ET ADDRESS<br>-ST-ZIP |                          |                                    |                 |                                 |                             |  |
| MITE  | *  | ☐ Delete                                   | TITLE  | 1                     |                          |                                    | {               | Change                          | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS  |  |  |  | ET ADDRESS            |                          |                                    |                 |                                 |                             |  |
| TITLE   |  | ☐ Delete                                   | TITLE  | -ST-ZIP               |                          |                                    |                 | Change                          | ☐ Addition                  |  |
| NAME  |  | Drinte                                     | NAME   | l                     |                          |                                    | ,               |                                 | {                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  | et address<br>-ST-ZIP |                          |                                    |                 |                                 | }                           |  |
| TITLE   |  | ☐ Delete                                   | ππε  | l l                   |                          |                                    | (               | Change                          | Addition                    |  |
| NAME<br>STREET ADDRESS  |  |  | NAME<br>STREET                                     | ET ADDRESS            |                          |                                    |                 |                                 | {                           |  |
| City-St-Zip   |  |  |  | -ST-ZIP               |                          |                                    |                 |                                 |                             |  |
| 12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if |  |  |  |                       |                          |                                    |                 |                                 |                             |  |
| cnanged,  | or on an attachment with an address                      | , with all other like emprivered           |  |                       |                          | •                                  | _ :             |                                 | }                           |  |