


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S81056 1. Entity Name SCTBOP, INC.																																																																																																																																									
Principal Place of Business 33 SE 4TH ST SUITE 100 BOCA RATON FL 33432 US			Mailing Address 33 SE 4TH ST SUITE 100 BOCA RATON FL 33432 US																																																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		Zip																																																																																																																																					
Country		Country		4. FEI Number 65-0294904																																																																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent JEFFREY T. HALVORSEN 33 SE 4TH ST SUITE 100 BOCA RATON FL 33432																																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																																																																																																									
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> DP <input type="checkbox"/> Delete NAME HALVORSEN, JEFFREY T STREET ADDRESS 33 SE 4TH ST., SUITE 100 CITY-ST- ZIP BOCA RATON FL </td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> UN00000532343 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 05/06/06-80079-012 158.75 STREET ADDRESS CITY-ST- ZIP </td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">CITY-ST- ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>						10. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.																																																																																																																																									
SIGNATURE: <u>Jeffrey T. Halvorsen, President</u> 4/17/06 561-367-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									



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