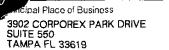
2-07 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## //NENT # V24394

NED IN SCOTTISH, INC.



Mailing Address

1308 ROCKWOOD DR BRANDON FL 33510

2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

**FILED** Apr 30, 2007 08:00 AM Secretary of State



1st MOORE

4. FEI Number 59-3114840

CR2E034 (10/06)

·					39-3114640	Not Applicable	
Zip	Country	y Zip Co		try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCDONALD, DARRYL 1308 ROCKWOOD DR BRANDON FL 33510				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 i applicable

FILE NOW!!! FEE IS \$150.00

(NOTE-Registered Agent signature required when reinstating)

DATE

Applied For

	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITE NAME STREET ADDRESS CITY-SI-7IP	D MCDONALD, DARRYL 1308 ROCKWOOD DR BRANDON FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-71P	☐ Change ☐ Addition U00000741980 05/15/07-80050-014 150.00			
TELL. NAME STHEEL ADDRESS CITY-ST-ZIP	D MCDONALD, MARY FRANCES 1308 ROCKWOOD DR BRANDON FL	☐ Delete	TIFLE NAME. SIRTET ADDRESS CITY-SI-7/P	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST-71P		☐ Delete	TITLE NAME STREET ADDRESS CITY: S1-7/P	☐ Change ☐ Addition			
HITE NAME STREET ADDRESS CITY-ST-71P		☐ Delete	TITLE.  NAME  STREET ADDRESS  CHY-SE-ZIP	☐ Change ☐ Addition			
THE NAME SHEET ADDRESS CITY: ST-7IP		☐ Detete	HILE NAME STREET ADDRESS CHY-ST-7IP	☐ Change ☐ Addilion			
HITE NAME STREET ADORESS CITY-SI-7IP		☐ Delele	TITLE NAME SIRIECT ADDRESS CHY-SI-7IP	· Change Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statules. 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 eath; 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 altachment with an address, with all other like empowered.

If the property of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the co