

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2009  
Secretary of State**

DOCUMENT# V61618

Entity Name: STANSFELD SCOTT INC.

**Current Principal Place of Business:**

630 BROOKER CREEK BLVD.  
SUITE 325  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

630 BROOKER CREEK BLVD.  
SUITE 325  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 59-3144466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN & ASSOCIATES, P.A.  
1245 COURT STREET  
102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CABRAL, BRIAN F  
Address: 1709 HUNTINGTON CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Delete  
Name: CABRAL, INDRA  
Address: 1709 HUNTINGTON CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T ( ) Delete  
Name: KESSARAM, JAYSHREE  
Address: 1709 HUNTINGTON CT  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDRA CABRAL

S

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date