


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # V63687 1. Entity Name S.C.R. FOODS, INC.																																										
Principal Place of Business 18911 S TAMiami TRAIL #6 FORT MYERS, FL 33908	Mailing Address 18911 S TAMiami TRAIL #6 FORT MYERS, FL 33908																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent CIANCIMINO, GIUSEPPE A 18911 S TAMiami TRAIL #6 FORT MYERS, FL 33908		DO NOT WRITE IN THIS SPACE																																								
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) Signature, typed or printed name of registered agent and file if applicable _____ DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PTDS</td></tr><tr><td>NAME</td><td>CIANCIMINO, GIUSEPPE A</td></tr><tr><td>STREET ADDRESS</td><td>1444 TANGELWOOD PKWY</td></tr><tr><td>CITY-ST-ZIP</td><td>FT MYERS, FL 33919</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PTDS	NAME	CIANCIMINO, GIUSEPPE A	STREET ADDRESS	1444 TANGELWOOD PKWY	CITY-ST-ZIP	FT MYERS, FL 33919	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<p>U00000610265 02/02/07-80014-023 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>X [Signature]</u> 1/20/2007 239-267-6800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																										



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0363326	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required