


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 042 ***150.00

DOCUMENT # V70862
 1. Entity Name
SCRATCH ENTERPRISES INC.



Principal Place of Business
5109 NW 39 AVE STE J
GAINESVILLE, FL 32606 US

Mailing Address
4613 OAK HAMMOCK CT.
HAROUR VILLAGE
PONCE INLET, FL 32127 US

60029283



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
401 NW 39 ROAD
 Suite, Apt. #, etc.
STE C
 City & State
Gainesville, Fl.
 Zip
32607
 Country
USA

02102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
REGAN, DONALD J
4613 OAK HAMMOCK COURT
HARBOUR VILLAGE
PONCE INLET, FL 32127

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
401 N.W. 39 ROAD STE. C.
 City **Gainesville** FL Zip Code **32607**

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PQ REGAN, DONALD J 4613 OAK HAMMOCK CT PONCE INLET, FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGAN, DONALD J II 4613 OAK HAMMOCK CT PONCE INLET, FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AKEY, MICHAEL J 10827 SW 17 LANE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKEY, MELISSA A 10827 SW 17 LANE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STARK, MICHAEL D <input checked="" type="checkbox"/> Delete 11963 NW 13 AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 NW 39th ROAD STE. C. Gainesville, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 NW 39th ROAD STE C Gainesville, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 exemption.

SIGNATURE: Donald J. Regan **DONALD J. REGAN** **4-20-06** **386-689-0883**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #