2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70862

FILED
Apr 03, 2007
Secretary of State

Entity Name: SCRATCH ENTERPRISES INC.

Current Principal Place of Business:			New Principal Place of Business:		
	39 AVE STE J ILLE, FL 32606	US			
Current Mailing Address:			New Mailing Address:		
01 NW 3 UITE C SAINESV	9 ROAD ILLE, FL 32607	US			
El Number	: 59-3145345	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
01 NW 3 :UITE C :AINESVI	ILLE, FL 32607		ourness of changing its registers		
		abilitis tilis statement for the f	ourpose or changing its register	ed office of registered agent, of both	
the Stat	e of Florida.	abilitis tilis statement for the p	ourpose of changing its register	ed office of registered agent, or both	
the Stat	e of Florida. RE:	·		Date	
the Stat	e of Florida. RE: Electroni	c Signature of Registered Agr		ed office or registered agent, or both Date	
the State	e of Florida. RE: Electroni	c Signature of Registered Ago	ent		
the State IGNATU Rection Car OFFICER tte: ame: ddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	C Signature of Registered Ago Trust Fund Contribution (). ORS: Delete D J DAD, SUITE C	ent	Date	
the State	e of Florida. RE: Electronic mpaign Financing S AND DIRECT PD ()I REGAN, DONALI 401 NW 39TH REGANNESVILLE, F	C Signature of Registered Agr Trust Fund Contribution (). ORS: Delete D J DAD, SUITE C L 32607 Delete D J II DAD, SUITE C	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO	
the State IGNATU Dection Car DEFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT PD ()I REGAN, DONALI 401 NW 39TH RO GAINESVILLE, F TD ()I REGAN, DONALI 401 NW 39TH RO GAINESVILLE, F	C Signature of Registered Agr Trust Fund Contribution (). ORS: Delete D J DAD, SUITE C L 32607 Delete D J II DAD, SUITE C L 32607 Delete J J II DAD, SUITE C L 32607	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

PRES	04/03/2007
	PRES