


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90252 044 \*\*\*150.00

DOCUMENT # P98000087306	
1. Entity Name SCRAPORIUM, INC.	

Principal Place of Business 15941 NORTH FLORIDA AVENUE LUTZ, FL 33549-8100	Mailing Address 15941 NORTH FLORIDA AVENUE LUTZ, FL 33549-8100
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2. Principal Place of Business 16518 North Florida Ave Suite, Apt. #, etc.	3. Mailing Address 16518 North Florida Ave Suite, Apt. #, etc.
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01262004 Chg-P CR2E034 (10/03)

City & State Lutz, FL	City & State Lutz, FL	4. FEI Number 59-3558251	Applied For <input type="checkbox"/> Not Applicable
Zip 33549-8135	Country USA	Zip 33549-8135	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOPKINSON, DENISE 15941 NORTH FLORIDA AVENUE LUTZ, FL 33549	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16518 North Florida Avenue City Lutz FL Zip Code 33549-8135
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOPKINSON, DENISE L 15941 NORTH FLORIDA AVENUE LUTZ, FL 335498100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16518 North Florida Avenue Lutz, FL 33549-8135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOPKINSON, MICHAEL S 15941 NORTH FLORIDA AVENUE LUTZ, FL 335498100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16518 North Florida Avenue Lutz, FL 33549-8135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: Denise Hopkinson Denise Hopkinson, President 813-269-7946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #