2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2008 8:00 am Secretary of State **DOCUMENT # P03000005957** 1. Entity Name 04-10-2008 90018 014 ***150.00 WRIGHT SCAPES, INC. Principal Place of Business Mailing Address 5501 SW 190TH AVE 4839 SW 148 AVE SOUTHWEST RANCHES, FL 33332 #229 SOUTHWEST RANCHES, FL 33330 US 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0056760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent WRIGHT, ERIK DO NOT WRITE 5501 SW 190TH AVE SOUTHWEST RANCHES, FL 33332 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, typed or printed name of regist red agent and title il applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WRIGHT, ERIK NAME 5501 SW 190TH AVE STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7/P TITLE

12. Thereby 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 attactment with an address, with all objective empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED