

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005957

Entity Name: WRIGHT SCAPES, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

5501 SW 190TH AVE
SOUTHWEST RANCHES, FL 33332 US

New Principal Place of Business:

4839 SW 148 AVE
#229
SOUTHWEST RANCHES, FL 33330 US

Current Mailing Address:

4839 SW 148 AVE
#229
SOUTHWEST RANCHES, FL 33330 US

New Mailing Address:

FEI Number: 32-0056760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, ERIK
5501 SW 190TH AVE
SOUTHWEST RANCHES, FL 33332 US

Name and Address of New Registered Agent:

WRIGHT, ERIK
4839 SW 148 AVE
#229
SOUTHWEST RANCHES, FL 33330 US

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.

SIGNATURE: ERIK WRIGHT

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, ERIK
Address: 5501 SW 190TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, ERIK
Address: 4839 SW 148 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

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

SIGNATURE: ERIK WRIGHT

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date