


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

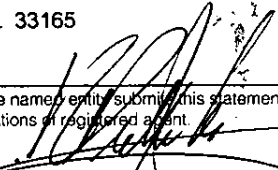
05-04-2006 90195 049 \*\*\*150.00

<b>DOCUMENT # P04000014865</b>		
1. Entity Name <b>SCALEPERS INC.</b>		

Principal Place of Business <b>9615 SW 24TH ST #A-107 MIAMI, FL 33165</b>	Mailing Address <b>9615 SW 24TH ST #A-107 MIAMI, FL 33165</b>
--	--

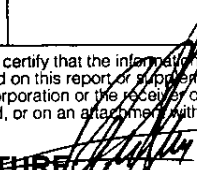
2. Principal Place of Business <b>1825 W. 44 PL. Suite, Apt. #, etc. # 502 City &amp; State Hialeah, FL. Zip 33012 Country USA</b>	3. Mailing Address <b>1825 W. 44 PL. Suite, Apt. #, etc. # 502 City &amp; State Hialeah, FL Zip 33012 Country USA</b>
---	--

6. Name and Address of Current Registered Agent <b>PEDROSA, RENE 9615 SW 24TH ST #A-107 MIAMI, FL 33165</b>	
--	--

7. Name and Address of New Registered Agent Name <b>Pedrosa, RENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1825 W. 44 PL. # 502</b> City <b>Hialeah</b> FL Zip Code <b>33012</b>	
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  <b>RENE PEDROSA</b> DATE <b>4/28/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEDROSA, RENE 9615 SW 24TH ST. #A-107 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Pedrosa, RENE 1825 W. 44 PL. #502 Hialeah, FL. 33012 <input checked="" 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
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 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 empowered.	
SIGNATURE  <b>RENE PEDROSA, Pres.</b> DATE <b>4/28/06</b> DAYTIME PHONE <b>305-297-0702</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	