




2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043146						FILED 05 SEP 19 PM 2:15 SECRETARY OF STATE PALM BEACH, FLORIDA	
1. Entity Name BEAVER SCRAPS, INC.							
Principal Place of Business 2498 ROUTE 9W LAKE KATRINE, NY 12449		Mailing Address 2498 ROUTE 9W LAKE KATRINE, NY 12449					
2. Principal Place of Business 298 ULSTER AVE Suite, Apt. #, etc.		3. Mailing Address 298 ULSTER AVE Suite, Apt. #, etc.					
City & State SAUGERTIES New York Zip 12477 Country USA		City & State SAUGERTIES New York Zip 12477 Country USA					
4. FEI Number 20-0842397				09132005 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent SCHWEGLER, ARNOLD 347 N GLENCOE RD NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____							
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWARD, CHRISTINE <input type="checkbox"/> Delete 2498 ROUTE 9W LAKE KATRINE, NY 12449			TITLE NAME STREET ADDRESS CITY-ST-ZIP	298 ULSTER AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAUGERTIES, NY 12477		
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 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  CHRISTINE SEWARD, President				Date 9/14/05		Daytime Phone # _____	