

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050460

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: SCALPER, INC.

**Current Principal Place of Business:**

10101 EAST BAY HARBOR DRIVE  
SUITE 306  
BAY HARBOR ISLAND, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.B. 546067  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAROUK, BARRY  
P.O.B. 546067  
SURFSIDE, FL 33154    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      PSTD                      ( ) Delete  
Name:                      BAROUK, BARRY  
Address:                      10101 EAST BAY HARBOR DRIVE SUITE 306  
City-St-Zip:                      BAY HARBOR ISLAND, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARRY BAROUK

PRES

01/11/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date