

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032878

Entity Name: SCALE MOTORSPORT, INC.

FILED  
Apr 20, 2008  
Secretary of State

## Current Principal Place of Business:

1857 CROSS GREEN WAY  
ORANGE PARK, FL 32003

## New Principal Place of Business:

## Current Mailing Address:

1857 CROSS GREEN WAY  
ORANGE PARK, FL 32003

## New Mailing Address:

FEI Number: 06-1482365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KONIGSBERT, N. SANDY ESQUIRE  
1857 CROSS GREEN WAY  
ORANGE PARK, FL 32003 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: D ( ) Delete  
Name: WELLS, MATTHEW  
Address: 7 BOOTLEGGERS ALLEY  
City-St-Zip: SHELTER ISLAND, NY 11964

Title: D ( ) Delete  
Name: LIPSICH, LEAH  
Address: 7 BOOTLEGGERS ALLEY  
City-St-Zip: SHELTER ISLAND, NY 11964

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MATTHEW WELLS

D

04/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date