2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 22, 2007 08:00 AM Secretary of State DOCUMENT # P95000007273 1. Entity Name MR. SCRAP, INC. Principal Place of Business Mailing Address 4455 45 ST 4455 45 ST VERO BCH, FL 32967 US VERO BCH, FL 32967 US 01312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0560142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGE, CHRIS R DO NOT WRITE 4455 45 ST VERO BCH, FL IN THIS SPACE FT PIERCE, FL 32967 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE LANGE, CHRIS R NAME STREET ADDRESS 4455 45 ST CITY-ST-ZIP VERO BCH, FL U00000642616 03/01/07-80049-013 150.00 DST TAIG, KEITH NAME STREET ADDRESS 4455 45 ST VERO BCH, FL CITY-SI-ZIP NAME STREET ADDRESS DO NOT WRITE City-S1-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP

Mouth Tair Keith Tair

2-16-07

772-563-0602

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Daytime Phone #