FOR PROFIT CORPORATION 2002

FILED May 21, 2002 8:00 am Secretary of State

ON OKN BOSINESS REPORT (OBR)
DOCUMENT # P99000089515 1. Entity Name
THE SCRAP SHACK, INC.

1. Entity Name					05-21-2002 91191 046 ***150.00		
THE	SCRAR SHACK THO						
Inc	SCRAP SHACK, INC.		•				
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•	Place of Business	3. Mailing Address					
4385 COMMERCIAL WAY 4385 COMM			RCIA	L WAY			
Suite, Api	Suite, Apt. #, etc.	pt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State			4 CCI Alicenter		Application
	NG HILL, FL 34606	SPRING HIL	.т. н	T. 34606	4. FEI Number 59 – 3601535		Applied For
Zip	Country	Zip	Coun			¢	Not Applicable
- - -	,			**9	5. Certificate of Status Desired		8.75 Additional
					7. Name and Address of Current		
Name T					HDA'MHDD		
			Name HOLOP, HEATHER				
				Street Address (P.O. Box Number is Not Acceptable) 4385 COMMERCIAL WAY			
	IN THIS SP	ACE					
Files Militar	1.34、學問題中的相談問題。於於如此是	\$1000000000000000000000000000000000000	g (0 🙈 🕏				· · · · · · · · · · · · · · · · · · ·
				City PRING	HILL	FL	Zip Code . 34606
8. The above	e named entity submits this statement for	the purpose of changing its	registere		ed agent, or both, in the State of Flo	rida.	1 /
	Neal bold in		J		-		
SIGNATURE	x Yilletah (196196)					04/	30/02
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)	DATE	
• This corn	oration is eligible to satisfy its Intangible	January 1 - A	lay 1 Fe	e is \$150.00	341.21		,
	requirement and elects to do so.	After May	1, Fee I	в \$550.00	10. Election Campaign Fina		\$5.00 May Be
	eria on back)	Amende Make Check Payal			Trust Fund Contribution	ı, 📙	Added to Fees
11.	OFFICERS AND I		使物		Santa di salat e di Las metalentes i Norm	Tree is to be	
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NAME			TITLE				

13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

HEATHER HOLOP

04/30/02 Date

Daytime Phone #