2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000098492

1. Entity Name
YOUR SCRAP MATTERS, INC.

Principal Place of Business	Mailing Address
973 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33486	973 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0960290	Applied For
	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEIL, R.
973 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486

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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 required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
   Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	WEIL, RENEE
STREET ADDRESS	973 PARKSIDE CIR NO
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	VD
NAME	WEIL, RANDOLPH
STREET ADDRESS	973 PARKSIDE CIRCLE NORTH
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ Randolph Weil _____ 1-5-08 561-350-0380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #