2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# 811893

Entity Name: DART INDUSTRIES, INC.

Current Principal Place of Business:

TUPPERWARE HEADQUARTERS ATTN: TAX DEPT.
14901 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

PO BOX 2353
ORLANDO, FL 328022353

New Mailing Address:

FEI Number: 95-1455570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	DRAKE, GLENN R	
Address:	14901 S ORANGE BLOSSOM TRL.	
City-St-Zip:	ORLANDO, FL 32837	
Title:	VP	( ) Delete
Name:	GARCIA, LILLIAN D	
Address:	14901 S ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32837	
Title:	VPAS	( ) Delete
Name:	CROWE, KEITH S	
Address:	14901 S ORANGE LOSSOM TRAIL	
City-St-Zip:	ORALNDO, FL	
Title:	S	( ) Delete
Name:	ROEHLK, THOMAS M.,	
Address:	14901 S ORANGE BLOSSO, TRAIL	
City-St-Zip:	ORLANDO, FL	
Title:	T	( ) Delete
Name:	DAVIS, EDWARD R III	
Address:	14901 S ORANGE BLOSSOM TRL.	
City-St-Zip:	ORLANDO, FL 32837	
Title:	CEO	( ) Delete
Name:	GOINGS, EV	
Address:	14901 S ORANGE BLOOSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32837	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPAS	(X) Change ( ) Addition
Name:	JONES, KEVIN K	
Address:	14901 S ORANGE LOSSOM TRAIL	
City-St-Zip:	ORALNDO, FL	
Title:	VPS	(X) Change ( ) Addition
Name:	ROEHLK, THOMAS M.,	
Address:	14901 S ORANGE BLOSSO, TRAIL	
City-St-Zip:	ORLANDO, FL	
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 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: KEVIN K. JONES VPAS 03/20/2007

Electronic Signature of Signing Officer or Director — Date