

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90120 019 ***150.00

DOCUMENT # F02000004940 1. Entity Name MUELLER PLASTICS CORPORATION, INC.					
Principal Place of Business 8285 TOURNAMENT DR., SUITE 150 MEMPHIS, TN 38125			Mailing Address 8285 TOURNAMENT DR., SUITE 150 MEMPHIS, TN 38125		
2. Principal Place of Business 4000 Metzger Rd. Suite, Apt. #, etc. FT. Pierce, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 34947	Country	Zip	Country	4. FEI Number 48-1100994	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, ROY C 8285 TOURNAMENT DRIVE, SUITE 150 MEMPHIS, TN 38125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HENSLEY, WILLIAM 8285 TOURNAMENT DR., SUITE 150 MEMPHIS, TN 38125	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MCKEE, KENT A 8285 TOURNAMENT DRIVE, SUITE 150 MEMPHIS, TN 38125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAMBAS, KARL J 8285 TOURNAMENT DR., SUITE 150 MEMPHIS, TN 38125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NYMAN, LEE R 8285 TOURNAMENT DR., SUITE 150 MEMPHIS, TN 38125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BROWNE, JAMES E 8285 TOURNAMENT DR., SUITE 150 MEMPHIS, TN 38125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS Gary C. Wikerson 8285 Tournament Dr. Memphis, TN 38125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT Kent McKee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ 4-5-06 901-753-3200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					