2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004971

Entity Name: TARGET CONTAINER CO.

FILED Feb 02, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|------------------------------------|--------------------------------------|---|--|--|
| | RASOTA PAF 8, GA 30013 | RKWAY | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | RASOTA PAF 8, GA 30013 | RKWAY | | | |
| FEI Number: | 63-0707285 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| 1201 HAYS TALLAHAS The above | S STREET SSEE, FL 323 named entity | | ourpose of changing its registere | d office or registered agent, or both, | |
| in the State | e of Florida. | | | | |
| SIGNATUF | | -i- Cian-tanf Davistan- d A | | Patr | |
| | | nic Signature of Registered Age | ent | Date | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PRATT, RICHA | SOTA PARKWAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PRATT, ANTHO | SOTA PARKWAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | BYRD, GARY |) Delete SOTA PARKWAY \(30013 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | KYLES, D.J. |) Delete SOTA PARKWAY 30013 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | WISER, DAVID | SOTA PARKWAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: D.J. KYLES S 02/02/2006