

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000824

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: EASTWOODS PACKAGING CORPORATION

**Current Principal Place of Business:**

11054 BRIDGE HOUSE RD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530  
SYOSSET, NY 117910530

**New Mailing Address:**

P.O. BOX 1875  
WINDERMERE, FL 347861875 US

FEI Number: 11-3140602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRESTIPINO, GINA M  
11054 BRIDGE HOUSE RD  
WINDERMERE, FL 34786 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: CP ( ) Delete  
Name: PRESTIPINO, NATALIE L  
Address: 11054 BRIDGE HOUSE RD  
City-St-Zip: WINDERMERE, FL 34786

Title: DT ( ) Delete  
Name: PRESTIPINO, FRANK C SR  
Address: 11054 BRIDGE HOUSE RD  
City-St-Zip: WINDERMERE, FL 34786

Title: DVP ( ) Delete  
Name: PRESTIPINO, FRANK C JR  
Address: 11054 BRIDGE HOUSE RD  
City-St-Zip: WINDERMERE, FL 34786

Title: S ( ) Delete  
Name: PRESTIPINO, GINA M  
Address: 11054 BRIDGE HOUSE RD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK C. PRESTIPINO SR.

DT

03/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date