## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M88161

Entity Name: ACCURATE PAPER RECYCLING, INC.

FILED May 03, 2007 Secretary of State

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Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
5500 EAST GIDDENS STREET TAMPA, FL 336105307				5500 EAST GIDDENS AVE. TAMPA, FL 336105307		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
	T GIDDENS ST L 336105307	REET		5500 EAST GIDDENS AVE. TAMPA, FL 336105307		
FEI Number:	: 59-2897582	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
GARDNER, DOUGLAS S JR. 5500 EAST GIDDENS STREET TAMPA, FL 336105307 US			5500 EAS	GARDNER, DOUGLAS S JR. 5500 EAST GIDDENS AVE. TAMPA, FL 336105307 US		
	named entity see of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE: DOUGLAS GARDNER				05/03/2007		
	Electron	ic Signature of Registered Age	nt		Date	
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive the prior notic	e.		
OFFICER	S AND DIREC	FORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GARDNER, DOI 8487 TALLAHAS	SSEE DR. N.E.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () GARDNER, DOU 5500 EAST GID TAMPA, FL 336	DENS STREET	Title: Name: Address: City-St-Zip:	,		
Title: Name: Address: City-St-Zip:	D () BOWERS, SUS 5500 EAST GID TAMPA, FL		Title: Name: Address: City-St-Zip:	BOWERS, SU 5500 EAST G	IDDENS AVE.	
Title: Name: Address: City-St-Zip:	D () MAYHEW, MOL 5500 EAST GID TAMPA, FL		Title: Name: Address: City-St-Zip:	D ( MAYHEW, MC 5500 EAST G TAMPA, FL 3	IDDENS AVE.	
Title: Name: Address: City-St-Zip:	D () HERNANDEZ, M 5237 RIVA RIDO WESI EY CHAP	SE DR.	Title: Name: Address: Citv-St-Zin:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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:	DOUGLAS GARDNER	PD	05/03/2007