2008 FOR PROFIT CORPORATION

Apr 28, 2008 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P00000098475 1. Entity Name INLAND PACKAGING, INC. Principal Place of Business Mailing Address 5950 WEST OAKLAND PARK BOULEVARD 5950 WEST OAKLAND PARK BOULEVARD 116 LAUDERHILL, FL 33313-1245 US LAUDERHILL, FL 33313-1245 US 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1047913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REICHSTEIN, GIDON B PRES. DO NOT WRITE 5950 WEST OAKLAND PARK BLVD. # 116 LAUDERHILL, FL 33313 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent suggesture required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE NAME REICHSTEIN, GIDON B ¹: 00000092<u>65</u>63 STREET ADDRESS 5950 WEST OAKLAND PARK BLVD. # 116 CITY-ST-ZIP LAUDERHILL, FL 33313 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 of supplemental/report is true and nat 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 people 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 given by the empowered:

CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED