2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P09745

Entity Name: FORTUNE PLASTICS, INC.

Current Principal Place of Business:

WILLIAMS LANE
PO BOX 637
OLD SAYBROOK, CT 06475

New Principal Place of Business:

WILLIAMS LANE
OLD SAYBROOK, CT 06475

Current Mailing Address:

WILLIAMS LANE
PO BOX 637
OLD SAYBROOK, CT 06475

New Mailing Address:

FEI Number: 06-0699218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'NEILL, BERNARD C. JR.
200 E. ROBINSON ST.
#865
ORLANDO, FL 32801 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:	T	( ) Delete
Name:	MATHIEU, JOHN A	
Address:	32 OAK RIDGE RD	
City-St-Zip:	WESTBROOKE, CT	
Title:	DV	( ) Delete
Name:	MCDERMOTT, NORBERT	
Address:	325 CHESTNUT STREET	
City-St-Zip:	PHILADELPHIA, PA	
Title:	PD	(X) Delete
Name:	DUHIG, JOHN P.,	
Address:	7 OVERLOOK DR	
City-St-Zip:	OLD SAYBROOK, CT	
Title:	SD	( ) Delete
Name:	HOGAN, PAUL	
Address:	325 CHESTNUT STREET SUITE 919	
City-St-Zip:	PHILADELPHIA, PA	
Title:	V	( ) Delete
Name:	GILLESPIE, EDWARD F.,	
Address:	60 HURLBURT ST	
City-St-Zip:	GLASTONBURY, CT	

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:		
Title:	PR	(X) Change ( ) Addition
Name:	GILLESPIE, EDWARD F.,	
Address:	60 HURLBURT ST	
City-St-Zip:	GLASTONBURY, CT	

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: JOHN A MATHIEU T 04/30/2007

Electronic Signature of Signing Officer or Director — Date