


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 480021
 1. Entity Name
 INDUSTRIAL PLASTIC PRODUCTS, INC.



Principal Place of Business
 14025 NW 58 COURT
 MIAMI LAKES, FL 33014

Mailing Address
 14025 NW 58 COURT
 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1607680 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVENUE
 STE 125
 CORAL GABLES, FL 33146

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THORNE, VERONIKA
STREET ADDRESS	2625 SEA ISLAND DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	CEO
NAME	THORNE, GEORGE
STREET ADDRESS	2625 SEA ISLAND DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	DST
NAME	HEDIGER, VALERIE
STREET ADDRESS	3021 NE 43RD STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/26/05-80040-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that 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 report 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 other like empowered.

SIGNATURE: Veronika Thorne VERONIKA THORNE 03/18/05 305-822-3223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #