2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-09-2007 90001 049 ***150.00
H61847

FILED
2007 MAR 28 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H61847

1. Entity Name
FORTUNE PLASTICS OF FLORIDA, INC.

02202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
% BERNARD C. O'NEILL, JR. 11580 RYLAND CT ORLANDO, FL 32824-7617 US	11580 RYLAND COURT ORLANDO, FL 32824-7617 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-1636129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'NEILL, BERNARD C JR 2699 LEE RD., STE 320 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILLESPIE, EDWARD F WILLIAMS LN. PO BOX 637 OLD SAYBROOK, CT 06475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATHIEU, JOHN WILLIAMS LANE P O BOX 637 OLD SAYBROOK, CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOGAN, PAUL ~~325 CHESTNUT ST~~ ~~PHILADELPHIA, PA~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	The Curtis Center, Suite 965 Independence Square West Philadelphia, PA 19106	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCDERMOTT, NORBERT ~~325 CHESTNUT STREET~~ ~~PHILADELPHIA, PA~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	The Curtis Center, Suite 965 Independence Square West Philadelphia, PA 19106	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Edward F. Gillespie Edward F. Gillespie 02/27/2007 860-388-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #