2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H61847

FILED Feb 04, 2009 Secretary of State

Entity Name: FORTUNE PLASTICS OF FLORIDA, INC.

| Current P | rincipal Place | e of Business: | New Principal Plac | New Principal Place of Business: | | |
|---|--|--|--|---|--|--|
| 11580 RYL | RD C. O'NEIL LAND CT D, FL 3282476 | , | | | | |
| Current M | lailing Addre | ss: | New Mailing Addre | New Mailing Address: | | |
| | LAND COURT D, FL 3282476 | | | | | |
| FEI Number: | : 58-1636129 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and | Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: | | |
| 2699 LEÉ | BERNARD C J RD., STE 320 PARK, FL 327 | | | | | |
| The above | named entity e of Florida. | submits this statement for the pu | rpose of changing its register | red office or registered agent, or both, | | |
| in the State | | | | | | |
| in the State SIGNATUF | RE: | | | | | |
| | | nic Signature of Registered Ager | ıt | Date | | |
| SIGNATUI | Electro | nic Signature of Registered Ager g Trust Fund Contribution (). | t | Date | | |
| SIGNATUF | Electro | g Trust Fund Contribution (). | | Date GES TO OFFICERS AND DIRECTOR | | |
| SIGNATUF | Electron Electron Electron Electron Electron | g Trust Fund Contribution (). TORS:) Delete DWARD F PO BOX 637 | | | | |
| SIGNATUF Election Car OFFICERS Title: Name: Address: | Electron mpaign Financin S AND DIRECT P (GILLESPIE, EI WILLIAMS LN. OLD SAYBRON T (MATHIEU, JOH | g Trust Fund Contribution (). ETORS:) Delete DWARD F PO BOX 637 DK, CT 06475) Delete IN NE P O BOX 637 | ADDITIONS/CHANG Title: Name: Address: | GES TO OFFICERS AND DIRECTOR | | |
| Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: | Electron mpaign Financin S AND DIRECT P (GILLESPIE, EI WILLIAMS LN. OLD SAYBRON T (MATHIEU, JOH WILLIAMS LAN OLD SAYBRON DS (HOGAN, PAUL | g Trust Fund Contribution (). STORS:) Delete DWARD F PO BOX 637 DK, CT 06475) Delete IN NE P O BOX 637 DK, CT) Delete EENTER,SUITE 965,INDEP SQ WEST | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | GES TO OFFICERS AND DIRECTOR () 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: EDWARD F GILLESPIE | Р | 02/04/2009 |
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