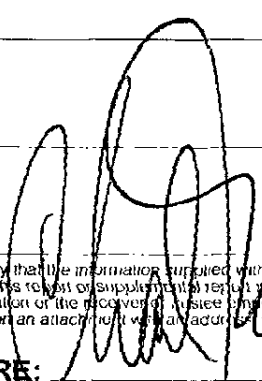


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 255633		
1. Entity Name SYDNEY BAG & PAPER CO.		
Principal Place of Business 134 W WAINMAN AVENUE POST OFFICE BOX 27 ASHEBORO, NC 27204	Mailing Address 134 W WAINMAN AVENUE POST OFFICE BOX 27 ASHEBORO, NC 27204	
DO NOT WRITE IN THIS SPACE		01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-0948126 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GERSON, PRESTON, & CO. P.A. 666 71ST STREET MIAMI BEACH, FL 33141		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		000000447162 03/08/06-80041-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CPD GANS, CHARLES 400 MIDLAND DRIVE ASHEVILLE, NC 28804	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD GANS, DALIAH 400 MIDLAND DRIVE ASHEVILLE, NC	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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 affidavit with all other like empowered		
SIGNATURE: 		Charles GANS 2/20/06 336-629-0551 Date Daytime Phone #