2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 421497

1. Entity Name
FILTERED PRODUCTS INC.

FILED
Mar 23, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
707 N.W. 6TH AVE FORT LAUDERDALE, FL 33311-7331	707 N.W. 6TH AVE FORT LAUDERDALE, FL 33311-7331

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03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1459883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, MONROE JR
410 SW 18 CT
POMPANO BEACH, FL 33060

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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 _____
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, 2006 Fee will be $550.00

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

000000478188
04/07/06-80021-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	COLLINS, MONROE JR
STREET ADDRESS	410 SW 18 CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	SD
NAME	COLLINS, MONROE
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	T
NAME	COLLINS, MONROE
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	VDS
NAME	COLLINS, DIANA L
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	COLLINS, JEFFREY S
STREET ADDRESS	410 SW 18 CT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Monroe Collins JR 3/21/06 (954) 462-1954 800-432-3617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #