


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 672238</b> 1. Entity Name UNI-PAK-INTERNATIONAL, INC.	
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Principal Place of Business 1015 N CR 427 P.O. BOX 520269 LONGWOOD, FL 32752-0269 US	Mailing Address P.O. BOX 522168 LONGWOOD, FL 32752-2168 US
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01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2004501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COUTANT, EDWARD A.  
1033 TUSCANY PLACE  
WINTER PARK, FL 32789

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COUTANT, EDWARD A 1033 TUSCANY PLACE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COUTANT, JEFFREY A 908 PARSON BRWON WAY LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COUTANT, STEPHEN J 905 LAKEVIEW DR. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000378812  
01/09/06-80020-024 150.00

**DO NOT WRITE IN THIS SPACE**

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 A. Coutant 1-4-06 407-830-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #