2006 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 03-14-2006 90035 020 ***158.75 DOCUMENT # F04000004450 1. Entity Name PAPER PARTNERS INC. Principal Place of Business Mailing Address 5200 TOWN CENTER CIRCLE **5200 TOWN CENTER CIRCLE** SUITE 525 SUITE 525 BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 02162006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0765520 Not Applicable Z·o Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -D'ANGELO, RALPH Street Address (P.O. Box Number is Not Acceptable) % PAPER PARTNERS, INC. 5200 TOWN CENTER CIRCLE, SUITE 525 BOCA RATON, FL 33486 City 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 SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC TITLE ☐ Delete TITLE ☐ Change ☐ Addition GELBART, TONY NAME NAME STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 525 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition D'ANGELO, RALPH NAME NAME STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 525 STREET ADDRESS CITE ST AP BOCA RATON, FL 33486 CITY-SI-ZIP Delete TITLE TITLE ☐ Change Addition NAME STRUHL, TEDDY NAME STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 525 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition STRUHL, WARREN NAME NAME STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 525 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete TITLE Channe Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET 400RESS CITY - ST - ZIP CITY-ST-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 other like empowered. changed, or on an attachment with an addres

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CUTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED Mar 14, 2006 8:00 am