

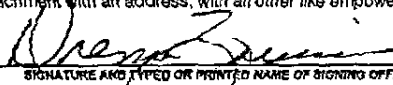


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F68043 1. Entity Name STANDARD INJECTION MOLDING COMPANY, INC.		
Principal Place of Business 2027 STATE ROAD 64 WEST AVON PARK, FL 33825 US	Mailing Address P.O. BOX 997 AVON PARK, FL 33825 US	
DO NOT WRITE IN THIS SPACE		
 03022006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2789404		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required		
6. Name and Address of Current Registered Agent ZIMMERMAN, DREMA J 2027 SR 64W AVON PARK, FL 33825		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 renating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMERMAN, DREMA J. 2426 W. SEVILLE DR AVON PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRICKS, LARRY 2027 STATE RD 64W AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRULL, SUSAN R. 2383 N. CHARLINE RD AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 		Date: 3/2/06 Daytime Phone #: 863 452-9090