## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 01, 2006 08:00 AM DOCUMENT # F93038 **Secretary of State** 1. Entity Name PROSPECT PLASTICS, INC. Principal Place of Business Mailing Address % LAWRENCE MILLION % LAWRENCE MILLION 836 NE 44TH STREET OAKLAND PARK FL 33334 836 NE 44TH STREET OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2259190 |Not Applicat... Zip 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 Name MILLION, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 836 NE 44TH STREET OAKLAND PARK FL 33334 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, 1 am familiar with, and accept the obligations of registered agent. 1.27-06 Due simmer SIGNATURE typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May 🕾 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DV THE Change TITLE - □ Additio Delete U00000412539 NAME MARCIA MILLION NAME 02/10/06-80054-017 150.00 STREET ADDRESS 2148 N.E. 56 PLACE STREET ADDRESS CHTY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP DΡ TITLE Delete TITLE ☐ Change Adom NAME MILLION, LAWRENCE JR. NAME STREET ADDRESS STREET ADDRESS 836 N.E. 44TH STREET CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP TITLE ☐ Delete MAG ☐ Change ☐ Addisor DΥ NAME NAME MISTY SAMMONS STREET ADDRESS 1594 NORTHGATE DR. STREET ADDRESS CHY-ST-7IP CUTY+ST-76 NAPLES FL 34105 1177.15 D٧ ☐ Oelete TITLE ☐ Change Addisin JENNINGS, ROBERT NAME MAME STREET ADDRESS STREET ADDRESS 431 NE 58 CT CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-SI-ZIP TITLE ☐ Delete ☐ Change A.4." TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIE TITLE Delete ☐ Change TUTER T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

LAWRENCE MILLION

FILED