


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000750 1. Entity Name HOWARD TERNES PACKAGING COMPANY	
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Principal Place of Business 12285 DIXIE ST. REDFORD, MI 48239	Mailing Address 12285 DIXIE ST. REDFORD, MI 48239
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2736671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent HANLON, M. TIMOTHY ALLEY, MAASS, ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSS, CHARLES E 12285 DIXIE ST. REDFORD, MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TERNES, MARGERY J 12285 DIXIE ST. REDFORD, MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TERNES, HOWARD A JR. 12285 DIXIE ST. REDFORD, MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESWELL, MARY S 12285 DIXIE ST. REDFORD, MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERHART, RICHARD 12285 DIXIE ST. REDFORD, MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNES, HOWARD A III 12285 DIXIE ST. REDFORD, MI 48239

**DO NOT WRITE
IN THIS SPACE**

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04/02/05-80019-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard Everhart (RICHARD EVERHART) **3/29/05** **313-531-5867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #