2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17 2006 08:00 %M

DOCUMENT # G30711					Secretary of State			
1. Entity Name SUNRAY PLASTICS SALES, INC.								
				TI TITLE				
3905 INVES	of Business TMENT LANE ACH, FL 33404	3905	Address INVESTMENT LANE RA BEACH, FL 33404					
	<u>**</u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>= · · · · </u> - i				
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					01092006 N	o Chg-P	CR2E034 (11/05)
					4. FEI Number	<u>-</u>		Applied For
					59-2350594		_ \$8	Not Applicable 75 Additional
			<u> </u>	-	5. Certificate of Sta	tus Desired		Required
	6. Name and Address of	Jurrent Registere	d Agent	}				{
KOSOWSKY, MICHAEL 3905 INVESTMENT LANE								
RIVIERA	3EACH, FL 33404							}
8. The above	named entity submits this state	ment for the purpo	ise of changing its registere	ed office or register	ed agent, or both, in the	ne State of Flor	nda I am tamili	ar with, and accept
tre obligat	tions of registered agent.					_		
SIGNATURE.	Signature, typed or printed name of registe	ered agent and title if appl	cable. [NOTE Registere	d Agent algnature required	when reinstating)	* * :	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				- <u> </u>	00 May Be	U000003	989363 30044-004	1 tra 00
10.		RS AND DIRECTOR	is J	1	<u> </u>		16 17 1-7 -7 -1 11 3	7 30 - 10
TITLE NAME	PD KOSOWSKY, MICHAEL]				ł
STREET ADDRESS City-S1-ZIP	3905 INVESTMENT LANE RIVIERA BEACH, FL							\$
TITLE				ļ				į
NAME Street address	{							}
CITY-ST-ZIP		-7-						ļ
TIFLE HAME				ļ				{
STREET ADDRESS CITY-ST-ZIP	}			•				}
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NAME STREET ADDRESS				•				}
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TITLE				1				{
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TITLE.			!					}
STREET ADDRESS CITY-ST-ZIP				ł				
12. I hereby c	certify that the information suppl	ied with this filing	does not qualify for the exe	motions contained	in Chapter 119, Florid	da Statutes. I fe	unther certify th	at the information
of the con	on this report of supplemental i poration of the receiver or truste	report is true and a	ccurate and that my signat execute this report as requir	ure shall have the s	ame legal effect as if :	nade under ca	ain: that I am an	afficer ar director
	or on an attachment with an ac	CI 555, WILLI BE CALK	a ma ampowered.	X	-, V. 1	. 11.	lar or	1 all no
SIGNAT		PED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECT	OR VICHAE	er dosousy	<u>¥ 7197</u>	Daytime	1-047-7/4 Phone #