


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H61847**  
 1. Entity Name  
**FORTUNE PLASTICS OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**% BERNARD C. O'NEILL, JR.**      **11580 RYLAND COURT**  
**11580 RYLAND CT**      **ORLANDO, FL 32824-7617 US**  
**ORLANDO, FL 32824-7617 US**



01252006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1636129</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'NEILL, BERNARD C JR**  
**2699 LEE RD., STE 320**  
**WINTER PARK, FL 32789**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILLESPIE, EDWARD F WILLIAMS LN. PO BOX 637 OLD SAYBROOK, CT 06475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATHIEU, JOHN WILLIAMS LANE P O BOX 637 OLD SAYBROOK, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOGAN, PAUL 325 CHESTNUT ST PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCDERMOTT, NORBERT 325 CHESTNUT STREET PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/03/06-80014-023 150.00

**DO NOT WRITE IN THIS SPACE**

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 prepare 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 full power empowered.

**SIGNATURE:** *Edward F. Gillespie*      **Edward F. Gillespie 860-388-3426**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date **02/17/2006** Phone #