2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31551

Entity Name: NO LONGER PACKAGING, INC.

FILED Mar 31, 2005 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
6932 SOUT	3445 (33681) TH MANHATTA . 336161829 L				
Current Ma	ailing Address	s:	New Mailing Addre	New Mailing Address:	
6932 SOUT	3445 (33681) TH MANHATTA . 336161829 U				
FEI Number:	59-2720836	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DINGLE, GREGORY D 6932 SOUTH MANHATTAN AVENUE TAMPA, FL 33616 US					
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.					
SIGNATUR	RE:				
		c Signature of Registered Agent	t	Date	
Election Carr	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAO () DINGLE, GREGO 6610 MUCK POI SEFFNER, FL 3	ND RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO () GOERING, GLEI 17205 EQUESTI ODESSA, FL 33	RIAN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SUAREZ-SOLAF	STREET SUITE 209	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () TURKEL, BRIAN 3611 SAN JUAN TAMPA, FL 336	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () EDWARDS, JAM 920 GOLF ISLAI APOLLO BEACH	ND DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () THOMPSON, JO 8949 MAGNOLIA TAMPA, FL US		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY DINGLE CAO 03/31/2005