2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# L25023

Entity Name: ATLANTIS MOLDED PLASTICS, INC.

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI, FL 331335401

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI, FL 331335401

New Mailing Address:

FEI Number: 65-0150616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 331335401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KUFFNER, MARILYN D
Address: 2665 S. BAYSHORE DR. SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: POWELL, EARL W
Address: 2665 S. BAYSHORE DR.
City-St-Zip: MIAMI, FL 33133

Title: CPD ( ) Delete
Name: BOVA, ANTHONY F
Address: 1870 THE EXCHANGE SUITE 200
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete
Name: GEORGE, PHILLIP T MD
Address: 2601 S. BAYSHORE DR. SUITE 725
City-St-Zip: MIAMI, FL 33133

Title: VCFO ( ) Delete
Name: SAARI, PAUL
Address: 1870 THE EXCHANGE SUITE 200
City-St-Zip: ATLANTA, GA 30339

Title: V ( ) Delete
Name: GEARY, JOHN A
Address: 57500 COUNTY RD. 3 SOUTH
City-St-Zip: ELKHART, IN 46517

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: KUFFNER, MARILYN D
Address: 2665 S. BAYSHORE DR. SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARILYN D KUFFNER S 02/02/2005

Electronic Signature of Signing Officer or Director — Date