


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M78425 1. Entity Name REINFORCED PLASTIC INDUSTRIES, INC.	
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Principal Place of Business 400 MAGUIRE RD OCOEE, FL 34761-3034 US	Mailing Address 400 MAGUIRE RD OCOEE, FL 34761-3034 US
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03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAGEE, JAMES M.
SUITE 102
90 E. LIVINGSTON STREET
ORLANDO, FL 32801**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1100000284278
04/01/05-80060-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROFOOT, KROY E. 3100 JOHN YOUNG PKWY. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, ERIC E. 6307 NIGHTWIND CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGNUSON, JAMES 9884 LAUREL VALLEY DR WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIELS, MARK 6509 STONINGTON DR. SO. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROFOOT, FRANCIS 3100 JOHN YOUNG PKWY. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Eric Thompson 3-29-05 407 877-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #