2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78425

Entity Name: REINFORCED PLASTIC INDUSTRIES, INC.

FILED Jan 26, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

400 MAGUIRE RD 6307 NIGHTWIND CIRCLE OCOEE, FL 347613034 US 0RLANDO, FL 32818 US

Current Mailing Address: New Mailing Address:

 400 MAGUIRE RD
 6307 NIGHTWIND CIRCLE

 OCOEE, FL 347613034 US
 ORLANDO, FL 32818 US

FEI Number: 59-2897467 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:

MAGEE, JAMES M.

SUITE 102

90 E. LIVINGSTON STREET
ORLANDO, FL 32801 US

THOMPSON, ERIC
6307 NIGHTWIND CIRCLE
ORLANDO, FL 32818 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.

SIGNATURE: ERIC THOMPSON 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DPST (X) Change () Addition Name: CROFOOT, KROY E., Name: THOMPSON, ERIC

 Address:
 3100 JOHN YOUNG PKWY.
 Address:
 6307 NIGHTWIND CIRCLE

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:
 ORLANDO, FL
 32818

Title: V (X) Delete Title: () Change () Addition

 Name:
 THOMPSON, ERIC E.,
 Name:

 Address:
 6307 NIGHTWIND CIRCLE
 Address:

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

 Name:
 MAGNUSON, JAMES,
 Name:

 Address:
 9884 LAUREL VALLEY DR
 Address:

 City-St-Zip:
 WINDERMERE, FL
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 DANIELS, MARK,
 Name:

 Address:
 6509 STONINGTON DR. SO.
 Address:

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 CROFOOT, FRANCIS,
 Name:

 Address:
 3100 JOHN YOUNG PKWY.
 Address:

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ERIC THOMPSON PRES 01/26/2009