2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM DOCUMENT # P01000120491 **Secretary of State** 1. Entity Name SOFTEX PAPER, INC. Principal Place of Business Mailing Address PO BOX 309 PALATKA 71 1400 REID ST PALATKA, FL 32178 PALATKA, FL 32177 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0549758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, WENDY DO NOT WRITE 1400 REID STREET PALATKA, FL 32178 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000623583 02/13/07-80072-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LIEUW, PAUL STREET ADDRESS 1400 REID STREET CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME LIEUW, MARCEL STREET ADDRESS 1400 REID STREET CITY-ST-ZIP PALATKA, FL 32177 NAME STREET ADDRESS DO NOT WRITE C!TY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 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 that like empowered.

SIGNATURE:

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/31/07 386.328.8488

Daytime Phone #

FILED