


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90042 012 \*\*\*150.00

DOCUMENT # P03000097140			
1. Entity Name POLAR PAPER PRODUCTS INC.			
Principal Place of Business 802 DRACO DR. BAREFOOT BAY, FL 32976		Mailing Address PO BOX 780987 SEBASTIAN, FL 32978	
2. Principal Place of Business - No P.O. Box # 569 Dolphin Circle Suite, Apt. #, etc.		3. Mailing Address 1601 - 48th Street Suite, Apt. #, etc. Suite 150	
City & State Micco, FL		City & State West Des Moines, IA	
Zip 32976	Country	Zip 50266	Country
6. Name and Address of Current Registered Agent LASSWELL, JANEAN 802 DRACO DR. BAREFOOT BAY, FL 32976		7. Name and Address of New Registered Agent Name Lasswell, Janean Street Address (P.O. Box Number is Not Acceptable) 569 Dolphin Circle City Micco FL Zip Code 32976	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSWELL, JANEAN 802 DRACO DR. BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lasswell, Janean 569 Dolphin Circle Micco, FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.			
SIGNATURE: <i>Janean Lasswell</i>		Date: 4-2-07 Daytime Phone #: 912-202-2339	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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