2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

Principal Place of Business 407 N DIXE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address 407 N DIXE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address 407 N DIXE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address 407 N DIXE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address 407 N DIXE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address 407 N DIXE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Business 4. FE Number of 50 95 0 28 A. FE N	DOCUMENT # P04000066904 1. Entity Name PLASTICS KINGDOM INC						02-24-2005 90030 035 ***150.00				
### ACT NOTE HIGHWAY LAKE WORTH, FL 33460 2. Principal Place of Guiness \$. Mailing Address \$. Mailing Address \$. Suite, Apt. #. rtic. \$. Country \$. C	Dischal Dischal Discharge Adultura Adultura										
Suite, Apl. #, etc. City & State City &	407 N DIXIE HIGHWAY		407 N DIXIE HIGHWAY					,			
Suite, Apl. #, etc. City & State City &											
City 6 State Country Country Country S. Centrificate of Status Desired S8.75 Additional Fig. Paquillott S8.75 Additional Fig. Paquillott S8.75 Additional Fig. Paquillott S1 American Address of Naw Registered Agent Name Name City FL Zip Code S1 Feel Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named antity 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 S	2. Principal Place of Business		3. Mailing Address								
S. Name and Address of Current Registered Agent S. Name and Address of Status Desired S. Name and Address of New Registered Agent MICHAEL J MCGOEY, CPA, INC 639 E OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435 City FL Zip Code S. The above named certity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 D. OFFICERS AND DIRECTORS ITTLE BASKA, JOANNA STREET MORESS CITY-ST-2P TITLE Delete Delete Delete Delete Delete Delete	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202005	Chg-P	CR2E034	(10/03)		
S. Name and Address of Current Registered Agent S. Name and Address of Status Desired S. Name and Address of New Registered Agent MICHAEL J MCGOEY, CPA, INC 639 E OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435 City FL Zip Code S. The above named certity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 D. OFFICERS AND DIRECTORS ITTLE BASKA, JOANNA STREET MORESS CITY-ST-2P TITLE Delete Delete Delete Delete Delete Delete	City & State		City & State		٠.	4. FEI Numb	4. FEI Number 650950318 Applie Not Ar				
S. Name and Address of Current Registered Agent	Zip	Country	Zip	Zip Coun						¬ \$8.75 Additional	
MICHAEL J MCGOEY, CPA, INC 639 E OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or preserver any 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 Signature, typed or preserver are directly submits his 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE BASSON POPTICERS AND DIRECTORS OFFICERS AND DIRECTORS SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI		6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and	Fee Required				
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 FILE NOWILI FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE BASKA, JOANNA STREET ADDRESS CITY-ST-ZIP TILE WELLINGTON, FL 33414 Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NA		•			Name				/		
BOYNTON BEACH, FL 33435 City FL Zip Code	639 E OCEAN AVE				Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, toped or primad name of registered agent and steel applicable. (MOTE: Registered Agent separate required agent and steel applicable. (MOTE: Registered Agent separate required agent and steel applicable. (MOTE: Registered Agent separate required agent and steel applicable. (MOTE: Registered Agent separate required agent and steel applicable. (MOTE: Registered Agent separate required agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE: Registered Agent separate required agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE: Registered agent. (MAGE Agont separate required agent and steel applicable. (MAGE Agont separate required agent agent applicable. (MAGE Agont separate required agent applicable. (MAGE Agont separate re								ŀ			
The obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and site if appticiable. PATE: Registered Agent stynature required when numating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11.					City FL Zip Code						
SIGNATURE Signature, typed or priced name of registered agent and size if applicable. (NOTE, Registered Agent signature required when retributation) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P BASKA, JOANNA 2191 AMESBURY CIRCLE WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	the obligations of registered agent.										
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE										
TITLE	FILE NOWIN FEE IS \$ 130.00										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1D.			11.		ADDITIONS	/CHANGES TO O	FFICERS AND D	IRECTORS	3 IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		l '	☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP					1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	CITY-ST-ZIP	WELLINGTON, FL 33414		СПҮ	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1	·	☐ Delete		P.			. [_ Change	Addition Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP					_						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CHANGE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET	CITY-ST-ZIP	,		CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Delete							☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TI					1		-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP				-					<u></u>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP	į.		Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TIT					ľ						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP			·	_							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change	Į.		☐ Delete		L L			L	Change	☐ Addition	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STRE	EET ADDRESS						
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1		∟ Delete			,			_ Change	Addition	
	STREET ADDRESS		•	STR	EET ADDRESS						
	<u> </u>	earlify that the information availed with	in Contine 110 07/0	Vi) Florida Chat :=	n I fuebou coeff	. that the !-	oformation.				

2. The least certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BROWNING OFFICER OR OFFICER

01-27-05

561-586-930C

Daytime Phone #