


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000124738

1. Entity Name
SCEPTER PRODUCTS INC.



Principal Place of Business
**1190 NW 159TH DRIVE
 MIAMI, FL 33169**

Mailing Address
**1190 NW 159TH DRIVE
 MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1567700

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHN, ALAN B ESQ
 2021 TYLER STREET
 HOLLYWOOD, FL 33020**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROGOVER, HOWARD
STREET ADDRESS	1190 NW 159TH DRIVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/10/06-80027-013 150.00

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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: *[Signature]* **X 1/24/06** ³⁰⁵⁻⁶²¹⁻³⁸⁰

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #