

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075731

FILED
Apr 30, 2007
Secretary of State

Entity Name: RECOVERED PAPER ACQUISITION COMPANY

Current Principal Place of Business:

101 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444

New Principal Place of Business:

101 PUGLIESE'S WAY
DELRAY BEACH, FL 33444

Current Mailing Address:

101 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444

New Mailing Address:

101 PUGLIESE'S WAY
DELRAY BEACH, FL 33444

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REAMER, JOSEPH
101 PUGLIESE'S WAY
DELRAY BEACH, FL 33444 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: JOSEPH REAMER

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANGIACOMO, THOMAS
Address: 101 PINEAPPLE GROVE WAY
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANGIACOMO, THOMAS
Address: 101 PUGLIESE'S WAY
City-St-Zip: DELRAY BEACH, FL 33444 US

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: THOMAS SANGIACOMO

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date