### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

#### May 22, 2006 8:00 am Secretary of State DOCUMENT # P05000112517 05-22-2006 90040 049 \*\*\*150.00 1. Entity Name PLATINUM PALLETS INC. Principal Place of Business Mailing Address 4002222 5334A OLD WINTER GARDEN RD 5334A OLD WINTER GARDEN RD ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business 1244 Elinore 3. Mailing Address 1244 Elinore Dr. Suite, Apt. #, etc. 05162006 Cha-P CR2E034 (11/05) Orlandor 4. FEI Number 86 - 1146158 Cin & State ando Applied For Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shawn Robinson ROBINSON, SHAWN Street Address (P.O. Box Number is Not Acceptable) 5334A OLD WINTER GARDEN RD ORLANDO, FL 32811 Elinore Zip Code 3 2808 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Addition ☐ Channe ROBINSON SHAWN NAME NAME STREET ADDRESS 1244 Elinore Dr STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition CURTIS, ERIC P NAME NAME 1244 Elinore Dr STREET ADDRESS STREET ADDRESS ORLANDO, FL 32811 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phone #

# ATTACHMENT 40093552

5/12/2006

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### TO WHOM IT MAY CONCERN,

This letter is to inform you that PLATINUM PALLETS, INC. has relocated, the named Corporation did not receive the notice to send \$150 for Annual Corporate Reports. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said year. If there are any questions you can contact me at (407)297-3700. Document #P05000112517. Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Barbara J. Robinson

Sha J R. L.

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Shawn Robinson