2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116691

Entity Name: RNC PACKAGING SOLUTIONS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
412 SEBASTIAN SQUARE SAINT AUGUSTINE, FL 32095	

Current Mailing Address:	**New Mailing Address:**
412 SEBASTIAN SQUARE SAINT AUGUSTINE, FL 32095	

FEI Number: 20-1022803   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BLACK, CLAUDIA A 412 SEBASTIAN SQUARE SAINT AUGUSTINE, FL 32095 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: _____

       Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DPT ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BLACK, CLAUDIA A	Name:	
Address:	412 SEBASTIAN SQ	Address:	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	City-St-Zip:	

Title:	DVS ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BLACK, RICHARD A JR.	Name:	
Address:	412 SEBASTIAN SQ	Address:	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	City-St-Zip:	

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: CLAUDIA A. BLACK   PRES   01/10/2009

Electronic Signature of Signing Officer or Director   Date