2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09745

Address:

City-St-Zip:

60 HURLBURT ST

GLASTONBURY, CT

Entity Name: FORTUNE PLASTICS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: WILLIAMS LANE OLD SAYBROOK, CT 06475 **Current Mailing Address: New Mailing Address:** PO BOX 637 OLD SAYBROOK, CT 06498 FEI Number: 06-0699218 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: O'NEILL, BERNARD C. JR. 200 E. ROBINSON ST. #865 ORLANDO, FL 32801 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: () Delete Title: (X) Change () Addition MATHIEU, JOHN A MATHIEU, JOHN A Name: Name: 32 OAK RIDGE RD 32 OAK RIDGE RD Address: Address: WESTBROOKE, CT City-St-Zip: City-St-Zip: WESTBROOK, CT 06498 Title: DV Title: () Delete () Change () Addition Name: MCDERMOTT, NORBERT Name: 325 CHESTNUT STREET Address: Address: PHILADELPHIA, PA City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition HOGAN, PAUL Name: Name: 325 CHESTNUT STREET SUITE 919 Address: Address: City-St-Zip: PHILADELPHIA, PA City-St-Zip: Title: () Delete Title: () Change () Addition GILLESPIE, EDWARD F. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN MATHIEU TR 04/16/2009