2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P93000010962 Feb 01, 2006 08:00 AN DYNOTEC PLASTIC, INC. **Secretary of State** Principal Place of Business Mailing Address 2211-1 N. 38TH ST 2211-1 N. 38TH ST TAMPA, FL 33605 TAMPA, FL 33605 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3166463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FERLITA, PAUL J DO NOT WRITE 2014 E. 7TH AVENUE TAMPA, FL 33605 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DODARO, ANTONIO NAME STREET ADORESS 5683 DEL PRADO DRIVE, SUITE 249 CITY-ST-ZIP TAMPA, FL 33617 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP MARIE STREET ADDRESS 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, if further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an aprices, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #