

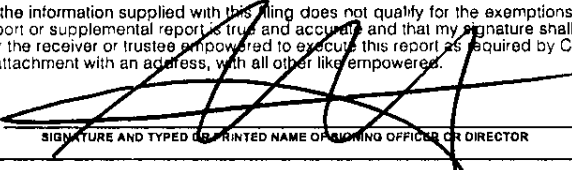


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000002686</b>			
1. Entity Name <b>THE PAPER MERCHANT, INC.</b>			
Principal Place of Business <b>340 13TH AVENUE NAPLES, FL 34102 US</b>		Mailing Address <b>340 13TH AVENUE NAPLES, FL 34102 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02212008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0462680</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUONOCORE, GEORGE 155 CARICA ROAD NAPLES, FL 34108</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000842673 03/11/08-80040-011 158.75	
TITLE	P		
NAME	BUONOCORE, GEORGE JR		
STREET ADDRESS	155 CARICA ROAD		
CITY-ST-ZIP	NAPLES, FL 34108		
TITLE	V		
NAME	BUONOCORE, MICHELE		
STREET ADDRESS	155 CARICA ROAD		
CITY-ST-ZIP	NAPLES, FL 34108		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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. 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: 		Date <b>2/26/08</b> Daytime Phone # <b>239 261 5466</b>	