

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076363

FILED
Jan 13, 2009
Secretary of State

Entity Name: PACKAGING ALTERNATIVES CORPORATION

Current Principal Place of Business:

4130 S.W. 13TH ST
OCALA, FL 34474

New Principal Place of Business:

4130 S.W. 13TH ST
OCALA, FL 34474 US

Current Mailing Address:

4130 S.W. 13TH ST
OCALA, FL 34474

New Mailing Address:

PO BOX 770907
OCALA, FL 34477 US

FEI Number: 59-3273360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, JAMES F
441 OCEAN GROVE CIRCLE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BYRNE, JAMES F
716 OCEAN PALM WAY
ST AUGUSTINE, FL 32080 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: _____

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRNE, JAMES F
Address: 441 OCEAN GROVE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP () Delete
Name: BYRNE, SANDRA E
Address: 441 OCEAN GROVE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BYRNE, JAMES F
Address: 716 OCEAN PALM WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: BYRNE, SANDRA E
Address: 716 OCEAN PALM WAY
City-St-Zip: ST AUGUSTINE, FL 32080 US

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: JAMES F. BYRNE

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date