2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2007
Secretary of State

DOCUMENT# P95000083259

Entity Name: ALTERNATIVE PACKAGING SOURCE, INC.

Current Principal Place of Business:

924-7 NORTH LANE AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

5245-2 OLD KINGS ROAD
JACKSONVILLE, FL 32254 US

Current Mailing Address:

924-7 NORTH LANE AVE
JACKSONVILLE, FL 32254 US

New Mailing Address:

5245-2 OLD KINGS ROAD
JACKSONVILLE, FL 32254 US

FEI Number: 56-3340792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINSEY, KAREN
924-7 NORTH LANE AVE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

KINSEY, KAREN
5245-2 OLD KINGS ROAD
JACKSONVILLE, FL 32254 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: 03/25/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KINSEY, KAREN D
Address: 728 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: KINSEY, JODY L
Address: 728 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: ST ( ) Delete
Name: MAINS, IONA L
Address: 8455 PERRYMAN LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN D KINSEY PRES 03/25/2007
Electronic Signature of Signing Officer or Director — Date