2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040762

Entity Name: F-PACK INTERNATIONAL, INC.

SUPPES, MICHELLE P

713 PINEAPPLE LANE

NAPLES, FL 34108

Name: Address:

City-St-Zip:

FILED Feb 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 713 PINESIDE LANE 1862 IVORY CANE POINTE NAPLES, FL 341080106 US NAPLES, FL 34119 US **Current Mailing Address: New Mailing Address:** P.O. BOX 110310 NAPLES, FL 341080106 FEI Number: 65-0664954 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: MID-CONTINENTAL SECURITIES CORP. MID-CONTINENTAL SECURITIES CORP. 1862 IVORY CANE POINTE 713 PINESIDE LANE NAPLES, FL 34119 NAPLES, FL 34108 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: 02/17/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition POLLAND, MILTON Name: Name: 230 PARK AVE. Address: Address: City-St-Zip: NEW YORK, NY 10169 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: RAMETRA, SURINDER Name: 230 PARK AVE. Address: Address: NEW YORK, NY 10169 US City-St-Zip: City-St-Zip: Title: () Delete Title: VP/S (X) Change () Addition POPE, DOMINICK POPE, DOMINICK Name: Name: 195 10TH AVE 144 VOORHIS Address: Address: City-St-Zip: NEW YORK, NY 1011 US City-St-Zip: NEW MILFORD, NJ 07024 US Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

	SIGNATURE: DOI	MINICK POPE	VP	02/17/2005
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