2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048781

Entity Name: MATRIX PACKAGING OF FLORIDA, INC.

FILED Feb 10, 2004 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--|---|----------------|---|--|--|--|
| 1130 COMMERCE BOULEVARD NORTH SARASOTA, FL 34243 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 1130 COMMERCE BOULEVARD NORTH SARASOTA, FL 34243 | | | | 245 BRITANNIA ROAD EAST MISSISSAUGA, ON L4Z 4J3 | | |
| FEI Number: 65-0669913 FEI Number Applied For () FEI Number | | FEI Number Not | mber Not Applicable () Certificate of Status Desired () | | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| SILBERSTEIN, DAVID M ESQ. 720 SOUTH ORANGE AVE. SARASOTA, FL 34236 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: | | | | | | |
| Electronic Signature of Registered Agent Date | | | | | | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P ()E MALLOCH, GRAE 3431 EDMONDS SARASOTA, FL | | Title: Name: Addres: City-St- | | NDSON CT | |
| Title: Name: Address: City-St-Zip: | VP () [JUDGE, PUSHMI 1655 BLTHE RD MISSISSAUGA, (| | Title: Name: Addres: City-St- | | | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Addres: City-St- | s: 4310 ROCK | () Change (X) Addition DERICK RIDGE ROAD COUVER, BC V7W 1A7 | |
| Title: Name: Address: City-St-Zip: | 1() | Delete | Title: Name: Addres: City-St- | | | |
| Title: Name: Address: City-St-Zip: | 1() | Delete | Title: Name: Addres: City-St- | | () Change (X) Addition E, TREVOR YDE AVENUE COUVER, BC V7T 1C6 | |
| Title: Name: Address: City-St-Zip: | ()[| Delete | Title: Name: Addres: City-St- | | | |

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.

SIGNATURE: GRAEME MALLOCH VP 02/10/2004