


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000033246</b> 1. Entity Name PLASTIC ENGINEERING ASSOCIATES LICENSING, INC.	
--	---

Principal Place of Business 2300 CORPORATE BLVD., N.W., #111 BOCA RATON, FL 33431	Mailing Address 2300 CORPORATE BLVD., N.W., #111 BOCA RATON, FL 33431
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0808100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FOGARTY, WILLIAM M 2300 CORPORATE BLVD., N.W., #111 BOCA RATON, FL 33431
---

<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	U000000770485 07/25/07-80005-019 150.00 DATE
--	--	--

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT FOGARTY, DAVID J 4750 BISON ST. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FOGARTY, MATTHEW A 8321 BUTTERFIELD LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FOGARTY, WILLIAM M 8321 BUTTERFIELD LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

<b>SIGNATURE:</b> 	16 July 07 561.998.4140 Date Daytime Phone #
---	---