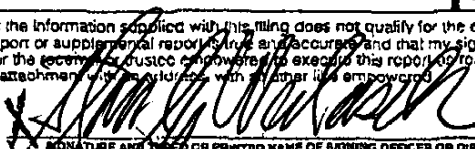


FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90043 031 ***550.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000108790					
1. Entry Name PACKAGING ELECTRONICS & DEVICES CORP.					
Principal Place of Business 16162 FLIGHT PATH DR BROOKSVILLE, FL 34609			Mailing Address 16162 FLIGHT PATH DR BROOKSVILLE, FL 34609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number 22-2412903	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent WALASEK, STANLEY 16162 FLIGHT PATH DR BROOKSVILLE, FL 34609				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALASEK, STANLEY		NAME		
STREET ADDRESS	7947 CHAUCER DR		STREET ADDRESS		
CITY - ST - ZIP	SPRINGHILL, FL 34807		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	WALASEK, STUART		NAME		
STREET ADDRESS	4009 CASA CT		STREET ADDRESS	PO Box 6395	
CITY - ST - ZIP	FERNANDO, FL 34607		CITY - ST - ZIP	Spring Hill FL 34611	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	TERESA WALASEK	
STREET ADDRESS			STREET ADDRESS	13029 EVERARD DRIVE	
CITY - ST - ZIP			CITY - ST - ZIP	Spring Hill FL 34609	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered 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 my address, with any other title empowered.					
SIGNATURE: 			7/12/05 3527546001		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		