2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060037

FILED Jul 06, 2004 Secretary of State

Entity Name: UNICELL PAPER MILLS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3401 JOHNS PARKWAY SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 3401 JOHNS PARKWAY SANFORD, FL 32771 FEI Number: 59-3585123 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: SHARMA, GIRISH 1774 BRIDGEWATER DRIVE HEATHROW, FL 32746 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: (X) Change () Addition SHARMA, GIRISH Name: Name: SHARMA, GIRISH 1774 BRIDGEWATER DRIVE 1774 BRIDGEWATER DRIVE Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: HEATHROW, FL 32746 Title: Title: () Change () Addition () Delete Name: SHARMA, PRAKASH Name: POST OFFICE BOX 1116 GERMISTON 1400 Address: Address: SOUTH AFRICA, City-St-Zip: City-St-Zip:

Title: VP () Delete Title: VPTD (X) Change () Addition Name: SHARMA, BRIJ Name: SHARMA, BRIJ

Address: 1240 MACTAVANDASH DRIVE Address: 1240 MACTAVANDASH DRIVE

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

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: BRIJ SHARMA VP 07/06/2004