## 2006 FOR PROFIT CORPORATION

## Jan 25, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000075093 1. Entity Name PLASTIC NATION, INC. Principal Place of Business Mailing Address 20283 STATE ROAD 7 20283 STATE ROAD 7 SUITE #104 SUITE #104 BOCA RATON, FL 33498 BOCA RATON, FL 33498 US 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0942866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GOLDSTONE, RICHARD ESQ. DO NOT WRITE 2400 WEST CYPRESS CREEK RD., STE. 100 FT. LAUDERDALE, FL 33309 IN THIS SPACE 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\_ (NOTE, Registered Agent signature required whith reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE SESKIN, NATHAN NAME STREET ADDRESS 20283 STATE RD 7 STE 104 BOCA RATON, FL 33498 CHY-SI-ZIP TITLE U00000400118 02/01/06-80039-025 150.00 NAME STREET ADDRESS CITY-ST-2IP 7171.6 NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daylima Phone #

**FILED**