2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# S46887

Entity Name: AVATAR PACKAGING, INC.

Current Principal Place of Business:

5110 IDLEWILD AVENUE
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5110 WEST IDLEWILD AVENUE
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-3062669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRBANKS, VANCE D CEOT
1034 NORMANDY TRACE ROAD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: FAIRBANKS, DENISE M.,
Address: 1034 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: UPCAVAGE, ROBERT J,
Address: 16605 HUTCHINSON RD.
City-St-Zip: ODESSA, FL 33556

Title: CEOT ( ) Delete
Name: FAIRBANKS, VANCE D, JR
Address: 1034 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: FAIRBANKS, CYNTHIA
Address: 1309 FISHING LAKE DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DENISE FAIRBANKS PRES 01/25/2005

Electronic Signature of Signing Officer or Director — Date