


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S95881</b> 1. Entity Name <b>THE PAPER PEOPLE, INC.</b>	
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Principal Place of Business  
**1708 ALTON ROAD  
MIAMI BEACH, FL 33139 US**

Mailing Address  
**PO BOX 190816  
MIAMI, FL 33119 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEL Number <b>65-0299023 /</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FELLIG, SONNY ZALMAN  
1801 WEST AVE  
MIAMI BEACH, FL 33140**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FELLIG, CHRISTINE
STREET ADDRESS	1801 WEST AVE
CITY- ST- ZIP	MIAMI BEACH, FL
TITLE	VP
NAME	FELLIG, SONNY Z
STREET ADDRESS	1801 WEST AVE
CITY- ST- ZIP	MIAMI BEACH, FL
TITLE	S
NAME	FELLIG, SOLOMON
STREET ADDRESS	1801 WEST AVE
CITY- ST- ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000495747  
04/21/06-80024-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

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

Date

Signature Plate #

4/09/06

305 538-1117