

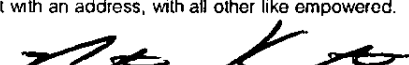


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90093 013 ***158.75

DOCUMENT # V17453 1. Entity Name PLASTIC CONCEPTS LTD., INC.					
Principal Place of Business 1452 L&R INDUSTRIAL BLVD. UNIT 3 TARPON SPRINGS FL 34689 US			Mailing Address PO BOX 400 TARPON SPRINGS FL 34688 US		
2. Principal Place of Business - No P.O. Box # 26 Hibiscus Street N.		3. Mailing Address same as above			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tarpon Springs, FL		City & State 		4. FEI Number 59-3103322	
Zip 34689 Country USA		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETER, KARANTONIS 1452 L&R INDUSTRIAL BLVD. TARPON SPRINGS FL 34689			7. Name and Address of New Registered Agent Name Peter Karantonis Street Address (P.O. Box Number is Not Acceptable) 26 Hibiscus Street N. City Tarpon Springs, FL Zip Code 34689		
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  President March 20, 07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARANTONIS, PETER <input type="checkbox"/> Delete 1452 L&R INDUSTRIAL BLVD. TARPON SPRINGS FL 34689		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peter Karantonis 26 Hibiscus Street N. Tarpon Springs, FL 34689	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			03-20-2007 727-942-6684		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		