2006 FOR PROFIT CORPORATION

ANNUAL REPURI				Jan 31, 2006 08:00 A			
1. Entity Nar				Secretary of State			
	PLASTICS, INC.						
Principal Plac	ce of Business	Mailing Address		1 -	•		
578 NORTH		578 NORTH STREET					
LONGWOOD, FL 32750 US LONGWOOD, FL 32750			}				
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L.	OO NOT WRITE	IN 1412 254	CE	4. FEI Numbe			Applied For
				59-313	·		Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
	6. Name and Address of Current Req	Jistered Agent					
BRADFO	RD, RICHARD			DO	NOT W	DITE	
714 FLORIDA BLVD				טט	IACI AA	KHE	
ALTAMONTE SPRINGS, FL 32701				IN 7	THIS SF	ACE	
8. The shove	named entity submits this statement for the	e ourgose of changing its register	ad office or register	red agent or hot	th in the State of Fir	vida I am fami	iliar with, and accord
	tions of registered agent.	s perpose or orienging its register	en prince or legister	ou agent, or put	in, in the state of the	Alua. Lamiani	iliai willi, allic accepi
SIGNATURE.							
	Signature, typed or printed name of registered agont and t	itle if applicable (NOTE, Registers	ed Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				.00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS	T			- **-	
TITLE	PD						
NAME STREET ADDRESS	BRADFORD, RICHARD 714 FLORIDA BLVD						
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL				Honon	വ്യാവുന	
TITLE		, , , , , , , , , , , , , , , , , , , ,	1		טטטנט מת פתע כמ	U 1 U0543 -80077-0	01 150.00
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STREET ADDRESS							
CITY-ST-ZIP		!	ļ				
TITLE NAME			<u> </u>				
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NAME	1		Į	114		-~~ i	
STREET ADDRESS CITY-ST-ZIP			1				
TITLE		<u> </u>	1				
NAME							
STREET ADORESS							
CITY-ST-ZIP							

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 one a attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR