

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073600

FILED
Apr 23, 2006
Secretary of State

Entity Name: RETRACTABLE PRODUCTS, INC.

Current Principal Place of Business:

405 BEACH 132ND STREET
BELLE HARBOR, NY 11694 US

New Principal Place of Business:

411 BEACH 131ND STREET
BELLE HARBOR, NY 11694 US

Current Mailing Address:

405 BEACH 132ND STREET
BELLE HARBOR, NY 11694 US

New Mailing Address:

411 BEACH 131ND STREET
BELLE HARBOR, NY 11694 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZZUOLI, EDWARD J ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: DPST () Delete
Name: TIPALDO, JOHN
Address: 405 BEACH 132ND STREET
City-St-Zip: BELLE HARBOR, NY 11694 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: TIPALDO, JOHN
Address: 411 BEACH 131ND STREET
City-St-Zip: BELLE HARBOR, NY 11694 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN TIPALDO

DPST

04/23/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date