

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000032948

**Entity Name:** INHALATION PLASTICS INC

**Current Principal Place of Business:**

16378 BRAEBURN RIDGE TRAIL  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

16378 BRAEBURN RIDGE TRAIL  
DELRAY BEACH, FL 33446

**FEI Number:** 32-0280542

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVINE, WALTER  
16378 BRAEBURN RIDGE TRAIL  
DELRAY BEACH, FL 33446 US

*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

**Officer/Director Detail :**

Title            P  
Name            LEVINE, WALTER  
Address        16378 BRAEBURN RIDGE TRAIL  
City-State-Zip: DELRAY BEACH FL 33446

*I hereby 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 all other like empowered.*

**SIGNATURE:** WALTER LEVINE

**PRES**

**03/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date