


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90076 029 ***150.00

DOCUMENT # J15850 1. Entity Name BAY ALUMINIUM, INC.	
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Principal Place of Business 3945 BAYSHORE DR. NAPLES FL 34112	Mailing Address 3945 BAYSHORE DR. NAPLES FL 34112
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-2709422	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DUNN, PATRICIA M. 4097 BAYSHORE DR. NAPLES FL 34112	Name <i>Dunn Patricia M.</i> Street Address (P.O. Box Number is Not Acceptable) <i>7080 Big Bend Dr</i> City <i>Spring Hill, FL</i> Zip Code <i>34606</i>
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	VP <input type="checkbox"/> Delete
NAME	DUNN, PATRICIA M.
STREET ADDRESS	7080 BIG BEND DR
CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	P <input type="checkbox"/> Delete
NAME	DUNN, ROBERT A
STREET ADDRESS	4097 BAYSHORE DR.
CITY-ST-ZIP	NAPLES FL 34112
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dunn</i>
STREET ADDRESS	<i>7080 Big Bend Dr</i>
CITY-ST-ZIP	<i>Spring Hill, FL 34606</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 is true and correct to the best of my knowledge and belief, that I am an officer or director