

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72004

FILED
Apr 30, 2005
Secretary of State

Entity Name: GOLD COAST ALUMINUM, INC.

Current Principal Place of Business:

2605 OHIO AVE
FORT PIERCE, FL 34947 US

New Principal Place of Business:

539 SOUTH MARKET AVE.
BLDG.-3
FORT PIERCE, FL 34982 US

Current Mailing Address:

2605 OHIO AVE
FORT PIERCE, FL 34947 US

New Mailing Address:

539 SOUTH MARKET AVE.
BLDG.-3
FORT PIERCE, FL 34982 US

FEI Number: 65-0059156 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLAY, DENNIS J
2605 OHIO AVENUE
FORT PIERCE, FL 34947 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: VP () Delete
Name: CLAY, CHRISTOPHER C
Address: 2840 STONEWAY LANE, APT. D
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: CLAY, DENNIS,
Address: 2605 OHIO AVENUE
City-St-Zip: FORT PIERCE, FL 34947

Title: T () Delete
Name: ADAMS, PHILLIP
Address: 5106 BIRCH DRIVE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CLAY, CHRISTOPHER C
Address: 1204 FLEETWOOD LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS J. CLAY

P/SD

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date