


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90048 001 \*\*\*741.25

**DOCUMENT # N31304**

1. Entity Name  
**ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER, INC.**



Principal Place of Business 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432 US	Mailing Address 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432 US
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**66010914**



2. Principal Place of Business - No P.O. Box # <b>3165 McCrory Place</b>	3. Mailing Address <b>3165 McCrory Place</b>
Suite, Apt. #, etc. <b>Suite 185</b>	Suite, Apt. #, etc. <b>Suite 185</b>
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32803</b>	Country
Country	Zip <b>32803</b>

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3147059</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SAUNDERS, PAUL 1560 S DIXIE HWY SUITE 500 BOCA RATON, FL 33432	Name <b>Wanda Classe</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>3165 McCrory Place</b>
	<b>Suite 185</b>
	City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>

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 Wanda Classe **Wanda Classe** **4-25-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE MD	SAUNDERS, PAUL 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE D	Wanda Classe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, PAUL	NAME	Wanda Classe
STREET ADDRESS	1650 S DIXIE HWY STE 500	STREET ADDRESS	3165 McCrory Place, Suite 185
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	Orlando, FL 32804
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADES, JAMES	NAME	
STREET ADDRESS	1870 HUNTINGTON LN	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPOLT, VINCENT	NAME	
STREET ADDRESS	6951 VICKIE CIR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda Classe **Wanda Classe** **4-25-08** **407-898-8287**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #