## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P04000039238 04-17-2006 90396 021 \*\*\*150.00 AMERICAN ALUMINUM & SCREEN, INC. Principal Place of Business Mailing Address 1046 REED CONAL RD 1046 REED CONAL RD 60027806 SOUTH DAYTONA, FL 32119 SOUTH DAYTONA, FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0808577 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, TED E Street Address (P.O. Box Number is Not Acceptable) 1014 REED CANAL ROAD DAYTONA BEACH, FL 32119 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. Lam familia the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OWNER -PRES. D Change TITLE ☐ Delete TITLE ☐ Addition BELL, TED E BELL TED E 841 DUNCAN ROAD NAME NAME STREET ADDRESS 1014 REED CANAL ROAD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP SOUTH DAYTONA, FL. 32119 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED