2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

DOCUMENT # 267726 1. Entity Name MODERN CEILING & ALUMINUM PRODUCTS CORP.					O6 JUN 12 PM 5: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Busine 5700 FUNSTON ST HOLLYWOOD, FL 3302	Mailing Address 5700 FUNSTON ST HOLLYWOOD, FL 33023		· · · · · · · · · · · · · · · · · · ·	T. Roberts JUN 132006		
2. Principal Place of Bu	siness	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05192006 Chg-P CR2E034 (11/05)	
City & State		City & State			4. FEI Number Applied For 59-1002498 Not Applied ble	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required	
PAETZ, JANET G. 10402 N.W. 7TH ST. PLANTATION, FL 33324				Name DENNIS R. LAUCHLIN Street Address (P.O. Box Number is Not Acceptable) 5 700 FUNSTON ST. City Hollywoo FL Zip Code 33023		
8. The above named patity 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 Signature, typed or printed purpose agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
STREET ADDRESS 10402 N	OFFICERS AN JANET G IW 7TH. ST. ATION, FL 33324	ND DIRECTORS		TADDRESS 570 ST-ZIP 110	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change Addition NNIS R. LAUGHLIN, JR. OC FUNSTON ST. DLLYWOOD, FL 33023	
STREET ADDRESS 1714 DE	E BOROMBOZIN, MILAN N EET ADDRESS 1714 DEWEY ST. S -ST-ZIP HOLLYWOOD, FL 33020			ST-ZIP The	NNIS R. LAUGHLIN DO FUNSTON ST DLLY WOOD, FL 33023	
STREET ADDRESS 10402 N	PAETZ, HEIN F ss 10402 NW 7TH ST.			TADDRESS 570	THEY S. LOUGHLIN DO FUNCTION ST SILYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delate			06/13/0601004004 ₹₹26.25 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP	3000754484666 06/02/0601004002 **35.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	☐ Change ☐ Addition	
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: SIGNATURE: Date Dayline Phone #						