


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 386390 1. Entity Name EAST COAST ALUMINUM PRODUCTS, INC.	
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Principal Place of Business 605 S. MARKET AVE. FORT PIERCE, FL 34982 US	Mailing Address 605 S. MARKET AVE. FORT PIERCE, FL 34982 US
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1361933	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEKKER, CHARLES J 605 S. MARKET AVE. FT. PIERCE, FL 34982
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEKKER, CHARLES J 101 PARADISE PLACE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEED, RICHARD 1905 S. 25TH ST STE 206 FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEKKER, JUNE 918 JACKSON WAY FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKKER, SUE E 101 PARADISE PLACE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/21/05-80060-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Charles J. Dekker</i>	<i>[Signature]</i>	Date: <i>4/18/05</i>	772 464-7600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>