2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 386390

FILED Apr 06, 2011 Secretary of State

Entity Name: EAST COAST ALUMINUM PRODUCTS, INC.

Current Principal Place of Business: New Principal Place of Business:

605 S. MARKET AVE. 1008 BELL AVE

FORT PIERCE, FL 34982 US FORT PIERCE, FL 34982 US

Current Mailing Address: New Mailing Address:

605 S. MARKET AVE. 1008 BELL AVE.

FORT PIERCE, FL 34982 US FORT PIERCE, FL 34982 US

FEI Number: 59-1361933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEKKER, CHARLES J MARKS, MATTHEW T 605 S. MARKET AVE. 1008 BELL AVE.

FT. PIERCE, FL 34982 US FT. PIERCE, FL 34982 US

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: MATTHEW T. MARKS 04/06/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: MARKS ,MATTHEW T.
Address: SEBASTIAN RD.
City-St-Zip: FORT PIERCE, FL 34951

Title:

 Name:
 SNEED, RICHARD

 Address:
 1905 S. 25TH ST STE 206

 City-St-Zip:
 FT. PIERCE, FL 34947

Title: STD

Name: MARKS, CARRIE L.
Address: 7908 SEBASTIAN RD.
City-St-Zip: FORT PIERCE, FL 34951

Title: [

Name: DEKKER, CHARELS J Address: 101 PARADISE PLACE City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: CARRIE L. MARKS STD 04/06/2011