

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 497283

FILED
Oct 31, 2009
Secretary of State

Entity Name: ACE ALUMINUM DISTRIBUTORS, INC.

Current Principal Place of Business:

370 WEST LEMON LANE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

790 E. LEHIGH DRIVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-1656552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAULDING, HELGA
790 LEHIGH DR.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPAULDING, YVONNE
Address: 4185 W LAKE MARY #193
City-St-Zip: LAKE MARY, FL 32746

Title: VP, () Delete
Name: SPAULDING, HELGA
Address: 790 E. LEHIGH DRIVE
City-St-Zip: DELTONA, FL 32738

Title: S.T () Delete
Name: SPAULDING, HELGA
Address: 790 LEHIGH DR.
City-St-Zip: DELTONA, FL 32738

Title: S.T. (X) Delete
Name: SPAULDING, YVONNE
Address: 4185 W LAKE MARY #193
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPAULDING, HELGA
Address: 790 E. LEHIGH DR
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELGA SPAULDING

P

10/31/2009

Electronic Signature of Signing Officer or Director

Date