2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05506

City-St-Zip:

LARGO, FL 33770

Entity Name: PYRAMID ALUMINUM. INC

FILED Apr 29, 2005 Secretary of State

Littly Nai	IIIC. FIRAIVIII	D'ALOIVIINOIVI, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
530 COMN	MERCE DRIVE	ES.			
SUITE 4 LARGO, F	I 33770 II	S			
Current M	lailing Addre	SS:	New Mailing Address:		
SUITE 4	MERCE DRIVE				
LARGO, F	L 33770 U	S			
FEI Number	: 59-2041293	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 4	K, GAIL MERCE DRIVE L 33770 US	E SOUTH			
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	ng Trust Fund Contribution ().			
office D	O AND DIDE	TODO	ADDITIONOGUANOE	TO OFFICEDO AND DIDECTORS	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS:	
Title:) Delete	*) Change () Addition	
Name: Address:	POPIOLEK, W	'AYNE, CE DRIVE SOUTH #4	Name: Address:		
City-St-Zip:	LARGO, FL 3		City-St-Zip:		
Title:	PTSD () Delete	Title: () Change () Addition	
Name:	POPIOLEK, G	,	Name:	, 3 ()	
Address:	530 COMMER	CE DRIVE SOUTH #4	Address:		
City-St-Zip:	LARGO, FL 3	3770	City-St-Zip:		
Title:	,	() Delete	*) Change ()Addition	
Name:	OPPENHEIME		Name:		
Address:	530 COMMER	CE DRIVE SOUTH #4	Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: GAIL A. POPIOLEK SEC 04/29/2005