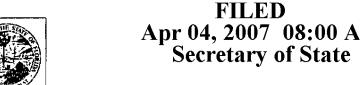
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # J51317 1. Entity Namo ATLANTIC COAST ALUMINUM, INC.

STREEL AODRESS CHY-SI-7P





		16						
% MICHAE 21 SUNSHII	c of Business L GARDNER NE BLVD. ICH. FL 32174	Mailing Addross % MICHAEL GARDNER 21 SUNSHINE BLVD. ORMOND BCH. FL 32174						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt	#, elc.	Suito, Apt #, ctc.		1:	st MOORE CR	2E034 (10/06)		
City & Stat	0	City & Stato			4. FEI Number 59-2757520 Applied For Not Applied For			
Zip	Country	Zip	Country		5., Certificat	e of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent	·!		7. Name an	d Address of New Regis	stered Agent	
GARDNER, M				Namo				
12 9	SUNSHINE BLVD MOND BCH. FL 32174	Stroet Address		(P.O Box Numi	oer is Not Acceptable)			
			Cit	h.,			E ∎ Zip Co	- do
			Cit	ıy			FL Zip Co	ad
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Trust Fund Contribu		5.00 May Be Ided to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11
anur	DP	☐ Delete	ШЕ				☐ Change	
NAMI'	GARDNER, MICHAEL L.	_ 53334	NAME			Unnoncent		
SERFET ADDRESS CITY+ST-7/P	21 SUNSHINE BLVD. ORMOND BCH. FL 32174		STREET ADD CITY-ST-71			U000006887 04/11/07-8000)7-025 150.	. 00
HICC	VP	☐ Delete	TITLE.				Change	Addition
NAME	LEFEBVRE, BRIAN W		NAME					
STREET LADDRESS CITY-ST-ZIP	611 MARLENE DRIVE HOLLY HILL FL 32117	•	SIRET ADD					
			C(TY-ST-7)	r				
1)71.6	ST WILLIS, EILEEN M	Delete	little 				☐ Change	Addilion
NAML STREET ADDRESS	25 WOODLAKE DRIVE		NAME Street add	not ee				
CITY-SI-7IP	PORT ORANGE FL 32119		CITY-SI-7		-	~		
1011		☐ Defele	TIPLE	<u> </u>			Change	Addition
NAMI		Li Delete	NAMI:				onlinge	наими
STREET ADDRESS			STREET ADD	PRISS				
CHY-SI-7P			CHY-SI-7					
TITU.		☐ Delete	THILE				☐ Change	e 🔲 Addition
NAME'			NAME.					
STREET ADDRESS			STREET ADD	RESS				
CHY-ST-7IP			CITY - ST - ZII	P				
TOTAL:		Delete	TITLE				☐ Change	Addition
I NAME	1		NAMI*	1				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each 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.

STREET ADDRESS

CITY-S1-7IP