2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 AN DOCUMENT # K12244 **Secretary of State** 1. Entity Name BONDED ALUMINUM INDUSTRIES, INC. Mailing Address Principal Place of Business 517 20TH AVE . 517 20TH AVE . INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785 CR2E034 (11/05) No Chg-P 01142006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2868517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUZICKA, RICHARD JR. 517 20TH AVENUE INDIAN ROCKS BEACH, FL 33785 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fille if applicable U00000408541 02/08/06-80062-017 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE RUZICKA, RICHARD, JR. NAME 517 20TH AVENUE STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 **VPS** TITLE RUZICKA, BONNIE STREET ADDRESS 517 20TH AVENUE INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP