## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

## FILED . DOCUMENT # K12244 Jan 24, 2007 08:00 AM 1. Entity Name **Secretary of State** 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 59-2868517 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUZICKA, RICHARD JR. Stroot Address (P.O. Box Number is Not Acceptable) 517 20TH AVENUE INDIAN ROCKS BEACH FL 33785 Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and title i applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition Delete IIIIE TITE RUZICKA, RICHARD, JR. MANI 517 20TH AVENUE U00000601806 STEEL LADORISS SHIFT ADDRESS INDIAN ROCKS BEACH FL 33785 01/26/07-80063-017 150.00 CITY SE 70° GHY SE ZIP Change ☐ Addition BIH ☐ Defete 11111 RUZICKA, BONNIE MAME NAME 517 20TH AVENUE SIRITET ADDRESS SING LADOUESS INDIAN ROCKS BEACH FL 33785 CITY SEZIP CHY SI 7III Change Addition Delete \$155 F me NAM NAM STREET ADDRESS STREET ADDRESS COTY ST 7IP CITY ST /IF Change ☐ Addition ☐ Delete IME IIII NAMI NAMI SHELL ADORESS STREET ADDRESS CHY SI 78P CHY SI ZIP ☐ Delete 11[[] ☐ Change ☐ Addition NAMI NAME SHIFT ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST ZIP Change Addition ☐ Delete HHE ШЦ MALT NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST-789 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 eath, that I am an efficer 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.

RUZICKA Je 1/22/07 327 506. 8030