2006 FOR PROFIT CORPORATION

May 25, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # K50313 1. Entity Name ALTON MANUFACTURING, INC. Principal Place of Business Mailing Address 2748 N.W. 112 AVENUE 2748 N.W. 112 AVENUE MIAMI, FL 33172 MAMI, FL 33172 05232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE) Number 65-0095154 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE ENGEL, MOSHE 2748 N.W. 112 AVENUE MIAMI, FL 33172 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)

9. Election Campaign Financing

Trust Fund Contribution.

85/25/06-80007-001 158.75

U00000566133

In accordance with s. 607.193(2)(b), F.S., the

corporation did not receive the prior notice.

Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILED

DO NOT WRITE

\$5.00 May Be

Added to Fees

 \Box

IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like approvered.

SIGNATURE:

FILE NOW!!! FEE IS \$150.00

Due by September 6, 2006

2748 N.W. 112 AVENUE

ENGEL, MOSHE

MIAMI, FL 33172

10. TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZTP

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

NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS OFFICERS AND DIRECTORS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN G OFFICER R DIRECTOR