2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 10, 2006 8:00 am Secretary of State DOCUMENT # L05000029343 1. Entity Name 02-10-2006 90166 017 ****50.00 P&H ALUMINUM CONSTRUCTION, LLC Principal Place of Business Mailing Address 1560 ST THOMAS AVE 1560 ST THOMAS AVE SEBRING FL 33872 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address 15:0 St. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 04-383077_3 Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, WALTER E 1560 ST THOMAS AVE Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33872 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title til applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change □ Addition NAME HARDY, GENE NAME STREET ADDRESS 3111 LAS VEGAS BLVD. STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

Walter F. PRICE 1-30-06 863-471-2640

IGNEMBER MANAGER OR AUTHORIZED REPRESENTATIVE DOLE DATE PROPER

STREET ADDRESS

CITY-ST-ZIP

FILED