


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L21667 1. Entity Name F & R ALUMINUM INC.	
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Principal Place of Business 12077 S.E. 89TH TERR. BELLEVUE, FL 34420	Mailing Address POST OFFICE BOX 1023 BELLEVUE, FL 34421
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DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3013897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CIAMPI, RONALD
12077 SE 89TH TERRACE
BELLEVUE, FL 34420

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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CIAMPI, RONALD 12077 SE 89TH TERRACE BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CIAMPI, LORETTA 12077 SE 89TH TERRACE BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENOVA, LARRY 74 BAHIA TRACE TRAIL OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLANS, MARIA 8797 SE 120TH PL BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80065-008-150.00

DO NOT WRITE 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 empowered.

SIGNATURE: Ronald Ciampi Ronald Ciampi 4-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #