

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059720

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: ALL-AMERICAN ALUMINUM SPECIALISTS, INC.

## Current Principal Place of Business:

6427 ALHAMBRA AVENUE  
NORTH PORT, FL 34286 US

## New Principal Place of Business:

6427 ALHAMBRA AVENUE  
NORTH PORT, FL 34291 US

## Current Mailing Address:

6427 ALHAMBRA AVENUE  
NORTH PORT, FL 34286

## New Mailing Address:

6427 ALHAMBRA AVENUE  
NORTH PORT, FL 34291

FEI Number: 65-1117770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POMERLEAU, GERARD R  
6427 ALHAMBRA AVENUE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

POMERLEAU, GERARD R  
6427 ALHAMBRA AVENUE  
NORTH PORT, FL 34291 US

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.

SIGNATURE:

07/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POMERLEAU, GERARD R  
Address: 6427 ALHAMBRA AVE  
City-St-Zip: NORTH PORT, FL 342866212

Title: S ( ) Delete  
Name: POMERLEAU, SHERRY L  
Address: 6427 ALHAMBRA AVE  
City-St-Zip: NORTH PORT, FL 342866212

Title: T ( ) Delete  
Name: POMERLEAU, GERARD R  
Address: 6427 ALHAMBRA AVE  
City-St-Zip: NORTH PORT, FL 342866212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POMERLEAU, GERARD R  
Address: 6427 ALHAMBRA AVE  
City-St-Zip: NORTH PORT, FL 34291

Title: S (X) Change ( ) Addition  
Name: POMERLEAU, SHERRY L  
Address: 6427 ALHAMBRA AVE  
City-St-Zip: NORTH PORT, FL 34291

Title: T (X) Change ( ) Addition  
Name: POMERLEAU, GERARD R  
Address: 6427 ALHAMBRA AVE  
City-St-Zip: NORTH PORT, FL 34291

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY L POMERLEAU

S

07/06/2007

Electronic Signature of Signing Officer or Director

Date