2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 08:00 AN Secretary of State

| ANNOAL REPORT | | | | 0 1 - 4 | |
|---|--|--|--|--|--|
| DOCUMENT # P02000081038 1. Entity Name A FIRST CLASS ALUMINIUM COMPANY, INC. | | | | Secretary of Sta | |
| Principal Plac 597 PLEASA LAKE HELEN | | Mailing Address 597 PLEASANT ST LAKE HELEN, FL 32744 | | TO THE REPORT OF CONTRACT AND A DECIDENT OF A DESIGNATION | |
| DO NOT WRITE IN THIS SPACE | | | CE | 02162008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For | |
| | 6. Name and Address of Current Re | gistered Agent | · · · · · · · · · · · · · · · · · · · | 13-4205323 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| KLESS, WILLIAM C 2454 VENTURA COURT DELTONA, FL 32738 | | | | DO NOT WRITE IN THIS SPACE | |
| signature | named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | | od Agent signature required | red agent, or both, in the State of Florida. I am familiar with, and accept dwnen reinstaing) DATE DO May Be led to Fees | |
| TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DIE D KLESS, WILLIAM C 2454 VENTURA COURT DELTONA, FL 32738 D KLESS, JUNE C 2454 VENTURA COURT | RECTORS | Section of the sectio | 000000850173 03/21/08-80053-001 150.00 | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELTONA, FL 32738 | | | DO NOT WRITE IN THIS SPACE | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | | |

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:

CITY-ST-ZIP

SENATORE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/4/8

386-328-3933

Daytime Phone 4