

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000105408

FILED
Apr 10, 2007
Secretary of State

Entity Name: ALL QUALITY ALUMINUM & SCREEN INC.

Current Principal Place of Business:

8942 SW BONNEVILLE DRIVE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 29
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 22-3883844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICKELS, SAMUEL R
8942 SW BONNEVILLE DRIVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MICKELS, CINDY
Address: 8942 SW BONNEVILLE DRIVE
City-St-Zip: STUART, FL 34997 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MICKELS, SAMUEL R
Address: 8942 SW BONNEVILLE DRIVE
City-St-Zip: STUART, FL 34997 US

Title: VP () Change (X) Addition
Name: MICKELS, CINDY
Address: 8942 SW BONNEVILLE DRIVE
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL R MICKELS

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date