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Apr 11, 2008 08:00 A
Secretary of State

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| <div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P03000052931 1. Entity Name HIGHLANDS ALUMINUM, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 3442 MILLER AVENUE LAKE PLACID, FL 33852</div><div>Mailing Address 3442 MILLER AVENUE LAKE PLACID, FL 33852</div></div> | | <div style="text-align: right;">Secretary of S</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">04042008No Chg-PCR2E034 (11/05)</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"><div>4. FEI Number 90-0087801</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">6. Name and Address of Current Registered Agent</div> <div style="border: 1px solid black; padding: 5px;">SAPP, KIMBERLY L 401 DAL HALL BOULEVARD LAKE PLACID, FL 33852</div> | | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____</div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</div><div style="width: 35%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 30%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">000000832442</div><div style="margin-top: 5px;">04/23/08-80066-013 150.00</div></div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>DP</td></tr><tr><td>NAME</td><td>HUBER, RAYMOND</td></tr><tr><td>STREET ADDRESS</td><td>3442 MILLER AVENUE</td></tr><tr><td>CITY- ST- ZIP</td><td>LAKE PLACID, FL 33852</td></tr><tr><td>TITLE</td><td>DVPS</td></tr><tr><td>NAME</td><td>HUBER, AMANI</td></tr><tr><td>STREET ADDRESS</td><td>3442 MILLER AVENUE</td></tr><tr><td>CITY- ST- ZIP</td><td>LAKE PLACID, FL 33852</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table> | | TITLE | DP | NAME | HUBER, RAYMOND | STREET ADDRESS | 3442 MILLER AVENUE | CITY- ST- ZIP | LAKE PLACID, FL 33852 | TITLE | DVPS | NAME | HUBER, AMANI | STREET ADDRESS | 3442 MILLER AVENUE | CITY- ST- ZIP | LAKE PLACID, FL 33852 | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | DO NOT WRITE IN THIS SPACE |
| TITLE | DP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | HUBER, RAYMOND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 3442 MILLER AVENUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u>Amani Huber, Amani Huber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;"><div style="display: flex; justify-content: space-between;"><div>4/9/08 <small>Date</small></div><div>863-465-3989 <small>Daytime Phone #</small></div></div></div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |