2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P03000056305 1. Entity Name CRAIN ALUMINUM, INC.)	04-18-2005	5 90338 017	***150.00	0
Principal Place of Business 102 COOPER RD SEBRING, FL 33875		Mailing Address 102 COOPER RD SEBRING, FL 33875			·.	5003	8334		
2. Principal Place of Business		3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #, etc.		04142005	Chg-P	CR2E034 (1	0/03)		
City & State		City & State		4. FEI Number 20-02316	672		Applied Not Appl		
Zip	Country	Zip	Country	у	5. Certificate of		Fee F	75 Additional Required	ıł
	6. Name and Address of Current	Registered Agent		Nema	7. Name and A	ddress of New R	egistered Agent		
PAPPAS, GREGORY N 6403 LAKESIDE DR W			-	Name Street Address (P.O. Box Number is Not Acceptable)					
SEBRING, FL 33872			_			•			
				City			FL Z	ip Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered	d office or registe	ered agent, or both,	in the State of Flo	orida. I am Iamilia	ar with, and a	ccept
SIGNATURE	Signature, typod or printed name of registered agent	t and title if applicable (NOTE:	Registered A	Agent signature require	ed when reinstating)		DATE		<u> </u>
	-		-	•	•				
FIL	E NOW!!! FEE IS \$150.00 ay.1, 2005 Fee will be \$550.	9. Election Campaig	ın Financ	sing \$5	5.00 May Be ded to Fees				
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contril	ın Financ	sing \$5	5.00 May Be ded to Fees	HANGES TO OFF	ICERS AND DIRE	CTORS IN 1	1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LEUS (NAME OF SIGNING OFFICER OR DIRECTOR

14/05 Date

863-386-5353