2006 FOR PROFIT CORPORATION

May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000070215 05-08-2006 90298 031 ***150.00 1. Entity Name ROGER'S ALUMINUM, INC. Mailing Address Principal Place of Business **ች ሲ**ስለ ቢ ስ ኋ ቋ 1540 CALVER HOUSE DR 1540 CALVER HOUSE DR DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 35-2209728 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1540 CULVERHOUSE DR DAYTONA BEACH, FL 32117 Zip Code FL 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. Signature, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change Addition TITLE TITLE ROGERS, STEPHEN NAME NAME STREET ADDRESS 1540 CULVERHOUSE DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32117 CITY-ST-ZIP DILE ☐ Delete ☐ Addition ROGERS, WILLIAM NAME NAME STREET ADDRESS 1540 CULVERHOUSE DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32117 CHY-ST-ZIP Delete THIE ☐ Addition TITLE NAME NEELY, SHAWN NAME STREET ADDRESS 1363 WRIGHT ST STREET ADDRESS CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THEF Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIF Delete □ Change Addition TITLE

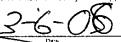
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or further employed ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

CITY-ST-7IP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP



Daytime Phone #