- 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with altother like empowered.

May 27, 2008 8:00 am Secretary of State DOCUMENT # P03000070215 1. Entity Name ROGER'S ALUMINUM, INC. 05-27-2008 90043 044 ***150.00 Principal Place of Business Mailing Address 1540 CALVER HOUSE DR 1540 CALVER HOUSE DR DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05232008 Chg-P 4. FEI Number Applied For 35-2209728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME ROGERS, WILLIAM NAME 1210 Carmen Ave. 1540 CULVERHOUSE DR. STREET ADDRESS STREET ADDRESS Holly Hill, FL 32117 CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL, FL 32117 TITLE VΡ Delete Delete TITLE ☐ Change ☐ Addition NAME PANETTI, JOSHUA NAME STREET ADDRESS 1448 WILD ROSE LN STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32117 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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