


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90230 017 ***150.00

DOCUMENT # P03000094023	
1. Entity Name NORTH FLORIDA ARCHITECTURAL METALS, INC.	

Principal Place of Business 701 N. MOODY RD UNIT 11-2 DAYTONA BEACH, FL 32117	Mailing Address 701 N. MOODY RD UNIT 11-2 DAYTONA BEACH, FL 32117
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60033760

2. Principal Place of Business 701 N. Moody Rd Unit 11-2	3. Mailing Address 701 N. Moody Rd Unit 11-2
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Palatka, FL	City & State Palatka, FL
Zip 32177	Zip 32177
County Putnam	County Putnam



04112006 Chg-P CR2E034 (11/05)

4. FEI Number 50-3682718 90-021796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAINEY, SUSIE K 764 SAN MATEO RD SAN MATEO, FL 32187-0677	7. Name and Address of New Registered Agent Name TAMELA GAINEY Street Address (P.O. Box Number is Not Acceptable) 701 N. Moody Rd Unit 11-2 City Palatka FL 32177
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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 *Tamela Gaine* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAINEY, EDWIN L 106 BRANDI LANE PALATKA, FL 32177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Tamela Gaine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 701 N. Moody Rd Unit 11-2 Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAINEY, SUSIE K 764 SAN MATEO RD SAN MATEO, FL 321870677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLA Edwin Gaine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 N. Moody Rd Unit 11-2 Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAINEY, EDWIN 106 BRANDI LANE PALATKA, FL 32177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Tamela Gaine* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/06** Daytime Phone # **386-325-2699**