

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000101525

1. Entity Name
SACO ALUMINUM AND SCREENING INC.



Principal Place of Business
**12520 102 AVE
SEMINOLE, FL 33778**

Mailing Address
**12520 102 AVE
SEMINOLE, FL 33778**



DO NOT WRITE IN THIS SPACE

08252006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3711071	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

**SAMMARCO, PETER
12520 102 AVE
SEMINOLE, FL 33778-3400**

**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.

SIGNATURE

Peter Sammarco Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/25/06 DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

**TITLE D
NAME SAMMARCO, PETER
STREET ADDRESS 12520 102 AVE
CITY-ST-ZIP SEMINOLE, FL 337783400**

**TITLE D
NAME SAMMARCO, KAREN
STREET ADDRESS 12520 102 AVE
CITY-ST-ZIP SEMINOLE, FL 337783400**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*U00000575392
08/29/06-80004-009 158.75*

**DO NOT WRITE
IN THIS SPACE**

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: *Peter Sammarco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727(517-8103) 8/25/06

Date

Daytime Phone #