


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000102444
1. Entity Name
ACCENT IRON & ALUMINUM, INC.



Principal Place of Business 830 E. 16TH AVENUE NEW SMYRNA, FL 32169	Mailing Address 830 E. 16TH AVENUE NEW SMYRNA, FL 32169
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04102006 No Chg-P GRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0162747	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WESSLER, MARK
830 E. 16TH AVENUE
NEW SMYRNA, FL 32169

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESSLER, MARK 830 E. 16TH AVENUE NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESSLER, ROXANNE 830 E. 16TH AVENUE NEW SMYRNA, FL 32169
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04/26/06-80118-025 158.75

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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: Goyanne Wessler 4-11-06 386 846-1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #