## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT # P03000109460** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ANDY'S ALUMINUM, INC. 06 NOV 21 AM 9: 28 Principal Place of Business Mairing Address 3795 N FRUITLOOP CIRCLE 3795 N FRUITLOOP CIRCLE KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11072006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 20-0294494 Not Applicable Zip Country Zip Country \$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 GIBSON, ANDREW 3795 N FRUITLOOP CIRCLE Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34741 City Zip Code 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 \$5.00 May Be Amended AR is \$61.25 $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PTS** Delete TITLE Addition ☐ Change Duncary, Timethy Wayne 1080 s. Hoagland Blvd Lot 114 NAME GIBSON, ANDREW NAME 3795 N FRUITLOOP CIRCLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIF Kissimmee, FL 34741 TITLE Delete TITLE Change ☐ Addition COMBS, ROBERT A NAME NAME 300081984643 3830 N FRUITLOOP CIRCLE STREET ADDRESS STREET ADORESS 11/21/06--01033--006 \*\*61.25 KISSIMMEE, FL 34741 CITY-ST-ZIP Delete MLE ☐ Change ☐ Addition TITLE NAME COMBS, MICHAEL R NAME STREET ADDRESS 1106 PINEAPPLE WAY STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. ANDREW G. bson 407-933-7265 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR O