2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000112899

Name:

Address:

City-St-Zip:

Entity Name: P.J. METAL FRAMING, INC.

FILED Oct 28, 2005 Secretary of State

Entity Na	me: P.J. MET	AL FRAMING, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	INGA DRIVE E, FL 34743					
Current Mailing Address:			New Maili	New Mailing Address:		
	INGA DRIVE E, FL 34743					
FEI Number	: 20-0312332	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	l Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2338 ANH	N, SHARON INGA DRIVE EE, FL 34743	US				
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	iic Signature of Registered A્	gent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSTD () BERKMAN, DIF 2338 ANHINGA KISSIMMEE, F	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MEADLO, TWII 2338 ANHINGA KISSIMMEE, F	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X BIRCH, JOSEP 2338 ANHINGA KISSIMMEE, F	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	('	Delete	Title:	VD	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

AKER, PATRICIA L

2338 ANHINGA DR

KISSIMMEE, FL 34743

SIGNATURE: DIRK J BERKMAN PRES 10/28/2005