


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90386 028 \*\*\*150.00

<b>DOCUMENT # P03000117456</b> 1. Entity Name <b>ANDREW WATTERS ALUMINUM, INC.</b>			
Principal Place of Business <b>534 NW TWYLITE TERR PT ST LUCIE, FL 34983</b>		Mailing Address <b>534 NW TWYLITE TERR PT ST LUCIE, FL 34983</b>	
2. Principal Place of Business <b>5403 Silvercreek Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>5403 Silvercreek Dr</b> Suite, Apt. #, etc.	
City & State <b>Fort Pierce FL</b>		City & State <b>Fort Pierce, FL</b>	
Zip <b>34982</b>		Zip <b>34982</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>03-0530315</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MATTERS, ANDREW M 534 NW TWYLITE TERR PT ST LUCIE, FL 34983</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Andrew Watters Alum.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5403 Silvercreek Dr</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34982</b>	
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 <i>Andrew Watters</i> DATE <b>4/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WATTERS, ANDREW</b> <b>534 NW TWYLITE TERR</b> <b>PT ST LUCIE, FL 34983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Andrew Watters</b> <b>5403 Silvercreek Dr</b> <b>Fort Pierce, FL 34982</b> <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
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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 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 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: <i>Andrew Watters</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/26/05</b> Daytime Phone # <b>772-336-3542</b>	

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04252005 Chg-P CR2E034 (10/03)