2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED Mar 11, 2005 08:00 AM Secretary of State

X2-25-05 X727 243 1249

| TILE DO HOUSE TO THE TOTAL OF T | DOCUMENT # P03000119929 1. Entity Name TESTA ALUMINUM & SCREENING, INC. | | | | Secretary of S | State | |
|--|--|---|---------------------|--|---|---------------------|--|
| DO NOT WRITE IN THIS SPACE 4. FEI Number 51-0487777 | 19316 TEN | OAKS DRIVE 1 | 1316 TEN OAKS DRIVE | | | | |
| TESTA, ANTHONY 11316 TEN OAKS DRIVE HUDSON, FL 34669 8. The above named entity submits this statement for the purpose of changing its registered allice or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 101. OFFICERS AND DIRECTORS 102. OFFICERS AND DIRECTORS 103. OFFICERS AND DIRECTORS 104. OFFICERS AND DIRECTORS 105. OFFICERS AND DIRECTORS 106. OFFICERS AND DIRECTORS 107. STATE HUDSON, FL 34669 108. Delection Company Financing Trust Fund Contribution. 109. OFFICERS AND DIRECTORS 11318 TEN OAKS DRIVE HUDSON, FL 34669 11418 TEN OAKS DRIVE HUDSON, FL 34669 1150. ON ONT WRITE INT THIS SPACE 1161. INT THIS SPACE | C | | | CE | 02212005 No Chg-P CR2E034 (10/03) 4. FEI Number Applie 51-0487777 Not A | ed For pplicable | |
| TILE DO HOUSE TO THE TOTAL OF T | 11316 TEI | NTHONY | tered Agent | ** | | | |
| 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZP HUDSON, FL 34669 TITLE NAME STREET ADDRESS CITY-ST-ZP HUDSON, FL 34669 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STRE | SIGNATURE | | | | | | |
| TITLE DESTA, ANTHONY SIRET ADDRESS 11318 TEN OAKS DRIVE HUDSON, FL 34669 IU00000258937 IIIL VP ADAM, TESTA ADAM, TESTA ADAM, TESTA ADAM, TESTA ADAM, TESTA 11316 TEN OAKS DRIVE HUDSON, FL 34669 IIIL NAME SIRET ADRESS CITY-SI-ZIP IIIL NAME SIRE | | | | LJ AQQ | ided to rees | | |
| NAME SIRECT ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIRECT ADDRESS CITY-SI-ZIP FILL NAME SIRECT ADDRESS CITY-SI-ZIP FILL NAME SIRECT ADDRESS | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D TESTA, ANTHONY 11316 TEN OAKS DRIVE HUDSON, FL 34669 VP ADAM, TESTA 11316 TEN OAKS DRIVE | CTORS | 63.3 | U00000258997 | .00 | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP LILL NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME SIRCET ADDRESS GITY-SI-ZIP HILE NAME STREET ADDRESS | HOUSUN, FL 34009 | | | | | |
| NAME SIRECT ADDRESS | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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. | NAME STREET ADDRESS CHY+ST-ZIP | certify that the information supplied with this fi on this report or supplemental report is true a portation or the receiver or trustee or the receiver or trustee or the receiver or trusteen. | \$ 1. S | nption stated in Se ure shall have the s ed by Chanter 607 | Section 119 07(3)(i), Florida Statutes. I further certify that the infones ame legal effect as if made under outh; that I am an officer or of the control of statutes; and that my name appears in Block 10 or III. | mation director | |