


**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90113 041 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P03000127633**

1. Entity Name  
**ALUM-TEK, INC.**




Principal Place of Business      Mailing Address  
**9635 GRAY FOX LANE**      **9635 GRAY FOX LANE**  
**PORT RICHEY, FL 34668**      **PORT RICHEY, FL 34668**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**40056928**



04172006    Chg-P    CR2E034 (11/05)

4. FEI Number  
**03-0531904**

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable


**6. Name and Address of Current Registered Agent**

**SCHEEREN, CHERYL**  
**3440 U.S. HWY. 19**  
**HOLIDAY, FL 34691**

**7. Name and Address of New Registered Agent**

Name **CHERYL SCHEEREN**  
 Street Address (P.O. Box Number is Not Acceptable) **3511 UNIVERSAL PLAZA**  
 City **NEW PORT RICHEY FL 34052**

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.

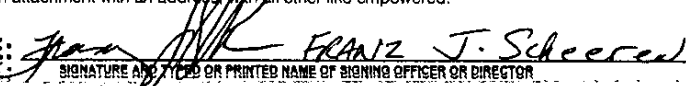
SIGNATURE  **CHERYL SCHEEREN**      **4-17-06**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHEEREN, FRANZ</b> <b>9635 GRAY FOX LANE</b> <b>PORT RICHEY, FL 34668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:  **FRANZ J. SCHEEREN**      **4/17/06**      **727-808-5353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #