2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128619

Entity Name: KEY ALUMINUM & VINYL SUPPLY, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7036 PINE FOREST ROAD PENSACOLA, FL 32526

Current Mailing Address: New Mailing Address:

7036 PINE FOREST ROAD PENSACOLA, FL 32526

FEI Number: 83-0376410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STROUD, JAMES DONALD JR
7036 PINE FOREST ROAD
PENSACOLA, FL 32526 US
PENSACOLA, FL 32526 US
PENSACOLA, FL 32526 US

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.

SIGNATURE: AMANDA H PUGH 01/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition Name: STROUD, JAMES DONALD JR Name: PUGH, AMANDA H

 Name:
 STROUD, JAMES DONALD JR
 Name:
 PUGH, AMANDA H

 Address:
 7036 PINE FOREST ROAD
 Address:
 5401 POND VIEW DR.

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 MILTON, FL 32570

Title: D () Delete Title: VP (X) Change () Addition Name: STROUD, ELIZABETH H Name: PUGH, GARY A

 Name:
 STROUD, ELIZABETH H
 Name:
 PUGH, GARY A

 Address:
 7036 PINE FOREST ROAD
 Address:
 5401 POND VIEW DR.

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 MILTON, FL 32570

Title: () Delete Title: TRES () Change (X) Addition

 Name:
 Name:
 PUGH, AMANDA H

 Address:
 Address:
 5401 POND VIEW DR.

 City-St-Zip:
 City-St-Zip:
 MILTON, FL 32570

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 STROUD, ELIZABETH H

 Address:
 Address:
 804 TARA CIRCLE

 City-St-Zip:
 City-St-Zip:
 PENSACOLA, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: AMANDA H PUGH D 01/04/2007