2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attac

SIGNATURE:

nment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P03000137266 Jan 27, 2006 08:00 AM 1. Entity Name Secretary of State C.C.E. ALUMINUM, INC. Principal Place of Business Mailing Address 2 JUNIPER PASS COURSE 2 JUNIPER PASS COURSE **OCALA FL 34480** OCALA FL,34480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 38~3698085 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENNIS, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 2 JUNIPER PASS COURSE OCALA FL 34480 City Zip Code 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 account the obligations of registered agent. Signature, typed or ponted name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when rowistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TIPLE Change Acia : NAME ENNIS, CHRISTOPHER C MAME 2 JUNIPER PASS COURSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIE OCALA FL 34480 ☐ Change THE A.l. TITLE ☐ Delete U000000405124 NAME NAME 02/07/06-80028-011 158.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE TITLE ☐ Delete Adi. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ All ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TILLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete DELE ☐ Change ☐ Add MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1