

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139120

Entity Name: SOLAK ALUMINUM, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

6142 MONTANA AVENUE  
NEW PORT RICHEY, FL 34653

## New Principal Place of Business:

## Current Mailing Address:

6142 MONTANA AVENUE  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

FEI Number: 54-2131828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLAK, WILLIAM E  
6142 MONTANA AVENUE  
NEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SOLAK, WILLIAM E  
Address: 6142 MONTANA AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete  
Name: SOLAK, DOUGLAS M  
Address: 5105 BONITA DRIVE, N  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S ( ) Delete  
Name: SOLAK, DAVID  
Address: 3917 RUDDER WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM E. SOLAK

DPT

04/27/2006

Electronic Signature of Signing Officer or Director

Date