

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000140720

Entity Name: FOLEY ALUMINUM, INC.

**FILED**  
**Aug 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

278 FARMBROOK RD  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

5233 ROGERS AVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

278 FARMBROOK RD  
PORT ORANGE, FL 32127

**New Mailing Address:**

5233 ROGERS AVE  
PORT ORANGE, FL 32127

FEI Number: 90-0172352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLEY, EDDIE D  
278 FARMBROOK RD  
PORT ORANGE, FL 32127 US

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

FOLEY, EDDIE D  
5233 ROGERS AVE  
PORT ORANGE, FL 32127 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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/16/2007

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOLEY, EDDIE D  
Address: 278 FARMBROOK RD  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: FOLEY, GRACE A  
Address: 278 FARMBROOK RD  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: FOLEY, RYAN D  
Address: 278 FARMBROOK RD  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FOLEY, EDDIE D  
Address: 5233 ROGERS AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change ( ) Addition  
Name: DULLEA, DARLENE M  
Address: 5233 ROGERS AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change ( ) Addition  
Name: MAROIS, CANDICE P  
Address: 5233 ROGERS AVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: EDDIE D FOLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

08/16/2007

\_\_\_\_\_  
Date