2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141823

FILED Apr 30, 2007 Secretary of State

Entity Name: G&SQU	IALITY ALUMINUM, INC.			
Current Principal Place	of Business:	New Principal Place of Business:		
508 EDGEWATER DR LAKE WALES, FL 33853				
Current Mailing Address:		New Mailing Address:		
508 EDGEWATER DR LAKE WALES, FL 33853				
FEI Number: 20-0496165	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SHELTON, GREGORY T 508 EDGEWATER DRIVI LAKE WALES, FL 33853	E			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	l office or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Age	ent	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECT	TORC.	ADDITIONS (OHANGE	SE TO OFFICERS AND DIRECTOR	

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: SHELTON, GREGORY T SHELTON, GREGORY T Name: Name: 508 EDGEWATER DR Address: 508 EDGEWATER DR Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: LAKE WALES, FL 33853 Title: ٧S () Delete Title: (X) Change () Addition MILLER, JAMES K CASTILLIO, DANNY Name: Name: Address: 790 FIR AVENUE Address: 185 FREEDOM DRIVE

FROSTPROOF, FL 33843 FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition Name: ALLEN, GEORGE D Name:

Address: 941 RED OAK CRT Address: PORT CHARLOTTE, FL 33953 City-St-Zip: City-St-Zip:

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: GREGORY T SHELTON Ρ 04/30/2007