


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000146559 1. Entity Name MIKE SCHICKER ALUMINUM, INC.	
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Principal Place of Business 8201 W.OAK STREET CRYSTAL RIVER, FL 34428	Mailing Address 8201 W.OAK STREET CRYSTAL RIVER, FL 34428
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DO NOT WRITE IN THIS SPACE



09072006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1480933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PONDER, CHARLES J 21 BEVERLY HILLS BLVD BEVERLY HILLS, FL 34465	DO NOT WRITE IN THIS SPACE
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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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHICKER, MICHAEL G 8201 W.OAK STREET CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TROTT, DANIEL 2271 PENNSYLVANIA AVE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHICKER, KIM M 8201 W OAK STREET CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UD00000578617
09/11/06-80003-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael G. Schicker **MICHAEL G. SCHICKER PRES. 9/8/06 352-212-2619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #