2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2008 08:00 AM **DOCUMENT # P03000147395 Secretary of State** 1. Entity Name ALUMINUM EXTERIORS, INC. Principal Place of Business Mailing Address 10751 62ND AVENUE NORTH 10751 62ND AVENUE NORTH SEMINOLE, FL 33772 SEMINOLE, FL 33772 CR2E034 (11/05) 01042008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0379491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOBIAS, JOSEPH F DO NOT WRITE 10751 62ND AVENUE NORTH SEMINOLE, FL 33772 IN THIS SPACE 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 accopt the obligations of registered agent. Signature, typed or printed name of registered agont and title if applicable DATE (NOTE: Begistered Agent growther required when minstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILLE NAME TOBIAS, JOSEPH F 000000775143 01/08/08-80018-001 150.00 STREET ADDRESS 10751 62ND AVENUE NORTH CITY-ST-7IP SEMINOLE, FL 33772 TITLE TOBIAS, MARGO P STREET ADDRESS 10751 62ND AVENUE NORTH CITY-ST-ZIP SEMINOLE, FL 33772 DRE NAME TOBIAS, NOEL J STREET ADDRESS 10751 62ND AVENUE NORTH DO NOT WRITE CITY-ST-ZIP SEMINOLE, FL 33772 NILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET AUDRESS CITY-ST-78P

12. Thereby certify that the information supplied with this filing does not quality 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manage

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Margo P. Tobeas

MARGO P. TOBIAS

5/08 (717) 392-6510

FILED