


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070821

1. Entity Name
BARE ALUMINUM, INC.



Principal Place of Business
**29117 ORCHID LN
BIG PINE KEY, FL 33043**

Mailing Address
**29117 ORCHID LN
BIG PINE KEY, FL 33043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
30060 N. SANDY CIR.

Suite, Apt. #, etc.
30060 N. SANDY CIR

City & State
BIG PINE KEY, FL

City & State
BIG PINE KEY, FL

Zip
33043

Country
USA

Zip
33043

Country
USA

40072494



04252006 Chg-P CR2ED34 (11/05)

4. FEI Number
33-1091404

Applied For
 Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUTHERFORD, DREW K
29117 ORCHID LN
BIG PINE KEY, FL 33043**

7. Name and Address of New Registered Agent

Name **RUTHERFORD, DREW K**

Street Address (P.O. Box Number is Not Acceptable)
30060 N. SANDY CIR.

City **BIG PINE KEY** FL Zip Code **33043**

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]* **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. AND/OR: Registered Agent signature required when withdrawing.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RUTHERFORD, DREW 29117 ORCHID LN BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RUTHERFORD, DREW 30060 N. SANDY CIR BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **4/26/06 305-872-0249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR