


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90092 016 ***150.00

DOCUMENT # P04000133604	
1. Entity Name ANCHOR ALUMINUM OF FLORIDA, INC.	

Principal Place of Business 161 SEBASTIAN BLVD SUITE 204 SEBASTIAN FL 32958 US	Mailing Address 161 SEBASTIAN BLVD SUITE 204 SEBASTIAN FL 32958 US
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2. Principal Place of Business 6955 Harrison St.	3. Mailing Address 6955 Harrison St.
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101

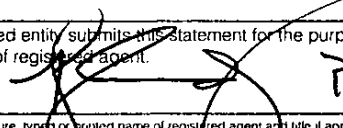
1st MOORE CR2E034 (10/05)

City & State Sebastian, FL	City & State Sebastian, FL
Zip 32958	Zip 32958
Country IR	Country IR

4. FEI Number 20-1660996	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 LUNDY, KENNETH A 213 DELMONTE RD SEBASTIAN FL 32958	
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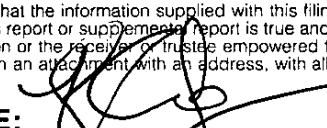
7. Name and Address of New Registered Agent	
Name Kenneth A. Lundy	
Street Address (P.O. Box Number is Not Acceptable) 7 INDIAN RIVER AVE #804	
City TITUSVILLE	Zip Code FL 32956

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. PRES. 2-16-06	
SIGNATURE 	DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$360.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRES	<input type="checkbox"/> Delete
NAME LUNDY, KENNETH A	
STREET ADDRESS 213 DELMONTE RD	
CITY-ST-ZIP SEBASTIAN FL 32958	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE 722-321-0005 PRES 2-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	