

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004957

Entity Name: DR ALUMINUM, INC.

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

249 SEABOARD AVE. NORTH
BAYS 1 & 2
VENICE, FL 34285 US

New Principal Place of Business:

359 SEABOARD AVE. NORTH
VENICE, FL 34285 US

Current Mailing Address:

P.O. BOX 51
LAUREL, FL 34272 US

New Mailing Address:

FEI Number: 20-2139746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARVIS, DAVID L
1539 VERMEER DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

JARVIS, DAVID L
11951 GRANITE WOODS LOOP
VENICE, FL 34292 US

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.

SIGNATURE: _____

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMANOK, DENIS
Address: 1539 VERMEER DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: TR () Delete
Name: JARVIS, DAVID L
Address: 1539 VERMEER DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: VP () Delete
Name: ROMANOK, RYAN
Address: 3800 SESAME STREET
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP () Delete
Name: JARVIS, KRISTI
Address: 1539 VERMEER DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: SEC () Delete
Name: ROMANOK, SUSAN M
Address: 1539 VERMEER DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: JARVIS, DAVID L
Address: 11951 GRANITE WOODS LOOP
City-St-Zip: VENICE, FL 34292 US

Title: VP (X) Change () Addition
Name: ROMANOK, RYAN
Address: 5712 GADSHAW AVENUE
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP (X) Change () Addition
Name: JARVIS, KRISTI
Address: 11951 GRANITE WOODS LOOP
City-St-Zip: VENICE, FL 34292 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L JARVIS

TR

04/03/2007

Electronic Signature of Signing Officer or Director

Date