

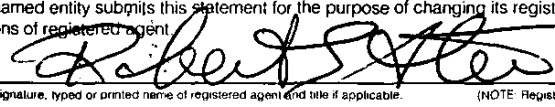
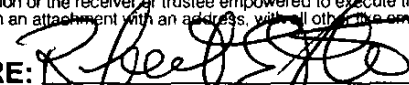


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90233 046 \*\*\*150.00

<b>DOCUMENT # P05000164135</b> 1. Entity Name <b>STEIN ALUMINUM, INC.</b>					
Principal Place of Business 606A S. MARKET AVENUE FORT PIERCE, FL 34982			Mailing Address 606A S. MARKET AVENUE FORT PIERCE, FL 34982		
2. Principal Place of Business - No P.O. Box # <b>3101 OLEANDER AVE</b>		3. Mailing Address <b>3101 OLEANDER AVE</b>			
Suite, Apt. #, etc. <b>BAY #4</b>		Suite, Apt. #, etc. <b>BAY #4</b>		02092007    Chg-P    CR2E034 (12/06)	
City & State <b>FT PIERCE FL</b>		City & State <b>FT PIERCE FL</b>		4. FEI Number <b>20-4033042</b>	
Zip <b>34982</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NORMAN, KENNETH A</b> <b>2400 S.E. FEDERAL HIGHWAY</b> <b>FOURTH FLOOR</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 				DATE <b>3/30/07</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STEIN, ROBERT E</b> <b>606A S. MARKET AVENUE</b> <b>FORT PIERCE, FL 34982</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/S ROBERT STEIN</b> <b>5409 S. INDIAN RIVER DR</b> <b>FT. PIERCE FL 34982</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 duly empowered.					
SIGNATURE: 				ROBERT E STEIN    3/30/07    7725 465 9468	