

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004512

Entity Name: CYCLONE ALUMINUM, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

1936 SW BILTMORE ST  
PORT ST LUCIE, FL 32984 US

## New Principal Place of Business:

5777 NW WESLEY ROAD  
PORT ST LUCIE, FL 34986 US

## Current Mailing Address:

1936 SW BILTMORE ST  
PORT ST LUCIE, FL 32984 US

## New Mailing Address:

PO BOX 7670  
PORT ST LUCIE, FL 34985 US

FEI Number: 20-4098604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STAPLES, ANGELA  
1936 SW BILTMORE ST  
PORT ST LUCIE, FL 32984 US

## Name and Address of New Registered Agent:

STAPLES, ANGELA  
5777 NW WESLEY ROAD  
PORT ST LUCIE, FL 34986 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: ANGELA STAPLES

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPD ( ) Delete  
Name: STAPLES, ANGELA  
Address: 1936 SW BILTMORE ST  
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: S ( ) Delete  
Name: STAPLES, ANGELA  
Address: 1936 SW BILTMORE ST  
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: T ( ) Delete  
Name: STAPLES, ANGELA  
Address: 1936 SW BILTMORE ST  
City-St-Zip: PORT ST LUCIE, FL 34984 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change ( ) Addition  
Name: STAPLES, ANGELA  
Address: PO BOX 7670  
City-St-Zip: PORT ST LUCIE, FL 34985 US

Title: S (X) Change ( ) Addition  
Name: STAPLES, ANGELA  
Address: PO BOX 7670  
City-St-Zip: PORT ST LUCIE, FL 34985 US

Title: T (X) Change ( ) Addition  
Name: STAPLES, ANGELA  
Address: PO BOX 7670  
City-St-Zip: PORT ST LUCIE, FL 34985 US

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA STAPLES

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date