

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90048 001 \*\*\*741.25

<b>DOCUMENT # P07000048104</b>					
<b>1. Entity Name</b> NATIONAL ALUMINUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432 US			<b>Mailing Address</b> 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3165 McCrory Place #185		<b>3. Mailing Address</b> 3165 McCrory Place			
Suite, Apt. #, etc. Suite 185		Suite, Apt. #, etc. Suite 185			
City & State Orlando, FL 32803		City & State Orlando, FL			
Zip 32803		Zip 32803		Country	
<b>4. FEI Number</b> 01242008 <b>Chg-P</b> <b>CR2E034 (12/06)</b>					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  SAUNDERS, PAUL E 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432			<b>7. Name and Address of New Registered Agent</b> Name: Wanda Classe Street Address (P.O. Box Number is Not Acceptable): 3165 McCrory Place Suite 185 City: Orlando FL Zip Code: 32803		
<b>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.</b>  SIGNATURE: <u>Wanda Classe</u> <u>WANDA CLASSE</u> <u>4-26-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SAUNDERS, PAUL E 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Richard Moore 1634 Niemeyer Circle Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SEAGER, WILLIAM 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Johns 605 Taft-Vineland Road Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT KELLOUGH, JALANE 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wanda Classe 3165 McCrory Place #185 Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SAUNDERS, PAUL E 1650 S. DIXIE HIGHWAY, SUITE 500 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wanda Classe 3165 McCrory Place #185 Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" 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
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
<b>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.</b>					
SIGNATURE: <u>Wanda Classe</u> <u>WANDA CLASSE</u> <u>4-25-08</u> <u>898 8287</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					