2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-21-2008 90027 007 ***150.00

DOCUMENT # P07000103709

1. Entity Name

STRAIGHT LINE ALUMINUM, INC.

Principal Place of Business	Mailing Address
10268 ALEXANDRA AVENUE ENGLEWOOD FL 34224	10268 ALEXANDRA AVENUE ENGLEWOOD FL 34224

66014003

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
524 Paul Morris Dr Suite E		SAME	
Suite, Apt #, etc: Suite E		Suite, Apt #, etc: 10268 Alexandria Ave	
City & State: Englewood FL 34224		City & State: Englewood FL 34224	
Zip: 34224	Country: SARA USA	Zip: 34224	Country: USA

1st MOORE CR2E034 (10/07)

4. FEI Number 26-1122367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~STURGES, ERNEST W JR.~~ 701 JC CENTER COURT SUITE 3 PORT CHARLOTTE FL 33954	Name: Joey Whitmarsh Street Address (P.O. Box Number is Not Acceptable): 524 Paul Morris Dr Suite E City: Englewood FL Zip Code: 34224

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 [signature] 6-9-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P T WHITMARSH, JOEY 10268 ALEXANDRA AVENUE ENGLEWOOD FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S KACUROV, TRAJKO 685 HARVEY STREET ENGLEWOOD FL 34223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Joey Whitmarsh 4-28-08 941-475-1931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #