2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2006 08:00 AM DOCUMENT # P14881 **Secretary of State** ERECTED STEEL PRODUCTS OF ALABAMA, INC. Principal Place of Business Mailing Address 2490 OLD HWY, 150 P. O. BOX 360347 PO BOX 360347 BIRMINGHAM, AL 35236 US BESSEMER AL 35022 US 01062005 No Chp-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0948048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Flagistered Agent argusture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TERRY, GERALD STREET ADDRESS 2411 CHANDAWOOD DRIVE (2TY-57-7P PELHAM, AL TITLE U00000467936 /24/06-80011-004 150.00 NAME TERRY, H T 2409 CHANDAWOOD DR STREET ADORESS CITY-ST-ZP PELHAM, AL TOTOF NAME BURKE, TOM STREET ADDRESS 101 COCKSPUR COURT DO NOT WRITE CHY-SI-DP PEACHTREE CITY, GA TITLE IN THIS SPACE EULENFELD, BR NAME STREET ACCRESS 111 ROLLING GREEN CITY-ST- DP PEACHTREE CITY, GA TITLE

12. Thereby 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 art an officer or director of the corporation or the receiver is 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STRIET ADDRESS

ISNATURE AND TYPED OR PRINTED NAME OF SKINING SEFFICER OR DIRECTOR

/3/06 205-181-3700 Date Day

FILED