2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32327

Entity Name: EFCO CORP.

City-St-Zip: DES MOINES, IA 50313 US

FILED Jan 16, 2006 Secretary of State

Littly Nai	ine. Ercoco	KF.			
Current Principal Place of Business:			New Princ	cipal Place of Business:	
	BROADWAY S IES, IA 503160				
Current Mailing Address:			New Mailing Address:		
	BROADWAY S IES, IA 503160				
FEI Number:	: 42-1360262	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 S. PI	ORATION SYS NE ISLAND RC ION, FL 33324				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATU					
	Electroni	c Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD () JENNINGS, A L 1800 NE BROAL DES MOINES, IA	DWAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JENNINGS, A L CEO 1800 NE BROADWAY DES MOINES, IA 50313 US	
Title: Name: Address: City-St-Zip:	P () WEST, BRIAN F 1800 NE BROAL DES MOINES, IA	DWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MICHELS, JOSE 1800 NE BROAL DES MOINES, IA	OWAY AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () JORN, L. P 1800 NE BROAL DES MOINES, IA		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SCHOENFELDER, BRAD CFO 1800 NE BROADWAY AVE. DES MOINES, IA	
Title: Name: Address:	SEC () WEST, BRIAN S		Title: Name: Address:	SEC (X) Change () Addition SCHOENFELDER, BRAD SEC/TRE 1800 NF BROADWAY	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: DES MOINES, IA 50313 US

SIGNATURE: BRAD SCHOENFELDER CFO 01/16/2006