

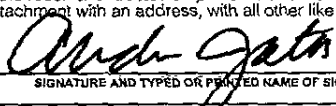


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000067216		
1. Entity Name A.J.'S ALUMINUM, INC.		
Principal Place of Business 5441 SPRING HILL DR. SPRING HILL, FL 34606	Mailing Address 5441 SPRING HILL DR. SPRING HILL, FL 34606	 01112006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3203560		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent JATA, ANDREW FRANK 5441 SPRING HILL DRIVE SPRING HILL, FL 34606		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000386667 01/19/06-80003-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JATA, ANDREW F 10204 HEATHCLIFF STREET SPRING HILL, FL 34608	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-12-06 <small>Date Daytime Phone #</small>