

2006 FOR PROFIT CORPORATION ANNUAL REPORT



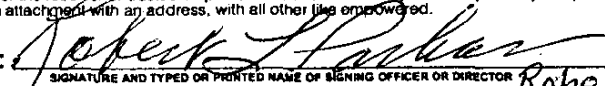
FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90230 011 ***150.00

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04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P93000073592					
1. Entity Name P.A.R. ALLOY LTD., INC.					
Principal Place of Business 912 SOUTH RIDGEWOOD AVE. SUITE D DAYTONA BEACH, FL 32114			Mailing Address 912 SOUTH RIDGEWOOD AVE. SUITE D DAYTONA BEACH, FL 32114		
2. Principal Place of Business 1515 Herbert Street			3. Mailing Address 1515 Herbert Street		
Suite, Apt. #, etc. Suite 213			Suite, Apt. #, etc. Suite 213		
City & State Port Orange FL			City & State Port Orange FL		
Zip 32129		Country	Zip 32129		Country
4. FEI Number 59-3228229			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DUPONT, HEWITT J 912 S. RIDGEWOOD AVE. SUITE D DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 Herbert Street Suite 213 City Port Orange FL Zip Code 32129		
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: 			DATE: 4-28-06		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARHAM, ROBERT L 108 POINT OF WOODS DR DAYTONA BEACH, FL 321141129	<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	D PARHAM, PATRICIA L 108 POINT O WOODS DR DAYTONA BEACH, FL 321141129	<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
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
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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
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: 			DATE: 4-28-06 386.322.2425		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Robert L. Parham Daytime Phone #		