2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P95000083720** ALUMINUM CONTRACTORS, INC. Principal Place of Business Mailing Address 2334 MONTCLAIR ROAD 2334 MONTCLAIR ROAD LEESBURG, FL 34748 LEESBURG, FL 34748 No Chg-P CR2E034 (11/05) 03102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3344137 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOORE, JAMES A JR 34042 SUNSET AVE LEESBURG, FL 34788 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 DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOORE, JAMES A JR NAME STREET ADDRESS 34042 SUNSET AVE CITY-ST-ZIP LEESBURG, FL 34788 TITLE NAME U000000860515 · STREET ADDRESS 04/02/08-80063-018 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of prustee 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 a other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE:

4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-13-08

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