2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P97000031614 1. Entity Name STORY ALUMINUM, INC. Principal Place of Business Mailing Address 4657 SOUTH MOON TRAIL 4657 SOUTH MOON TRAIL PORT ORANGE, FL 32119 PORT ORANGE, FL 32119 No Chg-P ___ CR2E034 (11/05) 01262006 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3468820 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSTER, WALTER E III DO NOT WRITE 315 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114 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: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE STORY, TODD M MANAG STREET ADDRESS 4657 SOUTH MOON TRAIL U000000513577 CITY-SI-ZIP PORT ORANGE, FL 32119 04/29/06-80134-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THE IN THIS SPACE

TITLE NAME STREET ADDRESS CRTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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.

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

4-14-06

FILED

Applied For

Not Applicable