05/01/2007 04:14 8502456986 DIV OF COr

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Secretary of State
05-04-2007 90092 042 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000010252

1. Entity Name
INDIAN RIVER ALUMINUM, INC.

Principal Place of Business	Mailing Address
450 CANAVERAL GROVES BLVD COCOA, FL 32926	PO BOX 178 SHARPES, FL 32959

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05012007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3540915 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIPPON, FREDERICK B 4680 BRENTWOOD DRIVE COCOA, FL 32927	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 (re-)staling) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIPPON, FREDERICK B	NAME	
STREET ADDRESS	4680 BRENTWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIPPON, TRAVIS E	NAME	
STREET ADDRESS	489 NEW FOUND HARBOR DR	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIPPON, SHERRY J	NAME	
STREET ADDRESS	4680 BRENTWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SWEARINGEN, LARRY T	NAME	
STREET ADDRESS	3875 NEW POT ST	STREET ADDRESS	3875 New Port ST
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Sherry Jill Rippon 5/1/07 321-636-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #