AMENDED

## -2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P98000023394  1. Entity Name SEIBERT ALUMINUM INC.  Principal Place of Business 41 N BOMBAY AVE WINTER SPRINGS, FL 32708  Meiling Address 41 N BOMBAY AVE WINTER SPRINGS, FL			2708		OSFEBIL AM 9: 42  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			01312005	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Number 59-3504	663		<b>———</b>	plied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Addi e Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Agr	ent .	
41 N BOM	PHILIP ERNEST BAY AVE PRINGS, FL 32708		Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	ered agent, or both,	in the State of Flo	rida. I am fan	niliar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	-		5.00 May Be Ided to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBERT, PHILIP ERNEST 41 N BOMBAY AVE WINTER SPRINGS, FL 32708	☐ Delete			90 03/01	00047! /0501053	_	] Change 189 **61.0	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEIBERT, PATRICIA A 414 BOMBAY AVE. WINTER SPRINGS, FL 32708	☐ Delate		E	Вотвач А	ve.	Ţ	<b>O</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEIBERT, JEFF 41 N BOMBAY AVE WINTER SPRINGS, FL 32708	□ Delete	STRE	ET ADDRESS 32	19 KATHLE ANDO FL.	ev 32810		<b>D</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATZINGER MARK 440 WORTH RD. LTER PRISE FL. 3	□ Delete		1			C	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				$\mathcal{M}$		] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	1		1		_ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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									