


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000026755		
1. Entity Name EAGLE ALUMINUM INC.		

06 MAR 14 AM 11:25

REINSTATEMENT
DATE
FALL 2006
0506

Principal Place of Business 14345 SE 96TH CT. SUMMERFIELD, FL 34491	Mailing Address 14345 SE 96TH CT. SUMMERFIELD, FL 34491
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2. Principal Place of Business 12280 S Hwy 475 Ocala Suite, Apt. #, etc. Ocala FL City & State 34480 Marion Zip Country	3. Mailing Address 12280 S Hwy 475 Suite, Apt. #, etc. Ocala FL City & State 34480 Marion Zip Country
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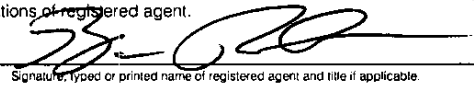
02272000 REIN-P CR2E098 (11/05)

4. FEI Number 59-3540602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON, BRIAN 14345 SE 96TH CT. SUMMERFIELD, FL 34491	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12280 S Hwy 475 City Ocala FL Zip Code 34480
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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 3-10-06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, BRIAN 14345 SE 96TH CT. SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robinson Brian 12280 S Hwy 475 Ocala FL, 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, BRIAN 14345 SE 96TH CT SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robinson Brian 12280 S Hwy 475 Ocala FL, 34480 <input checked="" 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	600069050326 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/30/06--01039--007 **300.00
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

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:  Brian Robinson DATE 3-10-06 (352)427-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR