


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000068706


1. Entity Name
 ARCHITECTURAL METALS, INC.



Principal Place of Business
 210 MAGNOLIA STREET
 NEW SMYRNA BEACH, FL 32168

Mailing Address
 P.O. BOX 160
 NEW SMYRNA BEACH, FL 32170

DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3326554 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CRUNKILTON, RICHARD A
 472 WILDWOOD DR.
 NEW SMYRNA BEACH, FL 32168

DO NOT WRITE 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 necessary)

U00000572371
 07/27/06-80004-001 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP CRUNKILTON, RICHARD A 472 WILDWOOD DRIVE NEW SMYRNA, FL 32168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KIRK, BRETT 2210 SABAL PALM DR. EDGEWATER, FL 32132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 employees.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2006 386-A28-7245

Date Daytime Phone #