2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM **DOCUMENT # P98000080845 Secretary of State** SOUTHERN ALUMINUM AND STEEL, INC. Principal Place of Business Mailing Address 7806 SEARS BLVD 7806 SEARS BLVD. PENSACOLA, FL 32514 PENSACOLA, FL 32514 01312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3534458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWARD, SHEILA A DO NOT WRITE 5434 DYNASTY DRIVE PENSACOLA, FL 32504 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 13/07-80016-012 150.00 OFFICERS AND DIRECTORS TITLE NAME KUSTERER, D J 3229 WELLINGTON RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 HOWARD, SHEILA NAME STREET ADDRESS 5434 DYNASTY DR CITY-ST-ZIP PENSACOLA, FL 32504 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

tale Geward SHEILA HOWAR

1-31-67

850-484.4700

FILED