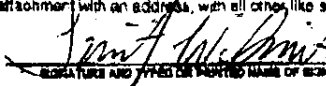


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90089 006 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000059229			
1. Entity Name HEART & HOME ALUMINUM, INC.			
Principal Place of Business 13432 C.R. 448 B TAVARES, FL 32778		Mailing Address 13432 C.R. 448 B TAVARES, FL 32778	
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
4. FEI Number 69-3583334		5. Certificate of Status Desired ☐ \$8.75 Addtl Fee Required	
6. Name and Address of Current Registered Agent TIMOTHY W. SMITH 2377 ORANGE CAPITAL CT EUSTIS, FL 32726		7. Name and Address of New Registered Agent 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, a the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO SMITH, TIMOTHY W 2377 ORANGE CAPITAL CT EUSTIS, FL 32726 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, LAURIE A 2377 ORANGE CAPITAL CT. EUSTIS, FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change
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 of this 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 changed, or on an attachment with an address, with all other like information.			
SIGNATURE: 		4-13-07	
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	