


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 034 \*\*\*150.00

<b>DOCUMENT # V40782</b>	
1. Entity Name <b>CONTINENTAL EXTRUSION CORP.</b>	

Principal Place of Business <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> 14351 Commerce Way Unit #12 Miami Lakes, FL 33016	Mailing Address <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> 14351 Commerce Way Unit 12 Miami Lakes, FL 33016
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2. Principal Place of Business - No P.O. Box # 14351 Commerce Way Unit#12	3. Mailing Address 14351 Commerce Way Unit#12
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33016	Country Miami Dade
Zip 33016	Country Miami Dade

4. FEI Number 65-0339372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
KIERSON, JACOB <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016

<b>7. Name and Address of New Registered Agent</b>
Name Kierson Jacob
Street Address (P.O. Box Number is Not Acceptable)
14351 Commerce Way, Unit #12
City Miami Lakes, FL Zip Code 33016

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIERSON, JACOB <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIERSON, CELIA <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIERSON, MALCA <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
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"/> Change <input type="checkbox"/> Addition
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 Section 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:** *Celia Kierson* CELIA KIERSON 1-29-07 305-888-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #