

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155346

FILED
Apr 30, 2005
Secretary of State

Entity Name: ABSOLUTE ALUMINUM APPLICATIONS, INC

Current Principal Place of Business:

8210 SYCAMORE DR
NEWPORT RICHEY, FL 34654

New Principal Place of Business:

4553 GRAND BLVD STE 206
NEWPORT RICHEY, FL 34652

Current Mailing Address:

8210 SYCAMORE DR
NEWPORT RICHEY, FL 34654

New Mailing Address:

4553 GRAND BLVD STE 206
NEWPORT RICHEY, FL 34652

FEI Number: 73-1691621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAY, ROBERT T
8210 SYCAMORE DR
NEWPORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

CLAY, ROBERT T
4553 GRAND BLVD STE 206
NEWPORT RICHEY, FL 34652 US

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.

SIGNATURE: ROBERT T CLAY

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAY, ROBERT T
Address: 8210 SYCAMORE DR
City-St-Zip: NEWPORT RICHEY, FL 34654

Title: VP (X) Delete
Name: BUTLER, ROXANNE M
Address: 8210 SYCAMORE DR
City-St-Zip: NEWPORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAY, ROBERT T
Address: 4553 GRAND BLVD STE 206
City-St-Zip: NEWPORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T CLAY

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date