

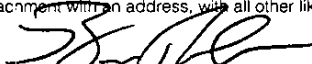


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000026755</b> 1. Entity Name <b>EAGLE ALUMINUM INC.</b>			06 MAR 14 AM 11:25 STATE REINSTATEMENT 0506
Principal Place of Business 14345 SE 96TH CT. SUMMERFIELD, FL 34491		Mailing Address 14345 SE 96TH CT. SUMMERFIELD, FL 34491	
2. Principal Place of Business 12280 S Hwy 475 Ocala Suite, Apt. #, etc. Ocala FL		3. Mailing Address 12280 S Hwy 475 Suite, Apt. #, etc. Ocala FL	
City & State 34480 Marion		City & State 34480 Marion	
Zip Country		Zip Country	
4. FEI Number 59-3540602		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  ROBINSON, BRIAN 14345 SE 96TH CT. SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12280 S Hwy 475 City Ocala FL Zip Code 34480	
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 3-10-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME ROBINSON, BRIAN STREET ADDRESS 14345 SE 96TH CT. CITY-ST-ZIP SUMMERFIELD, FL 34491	TITLE D <input type="checkbox"/> Delete NAME ROBINSON, BRIAN STREET ADDRESS 14345 SE 96TH CT CITY-ST-ZIP SUMMERFIELD, FL 34491	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Robinson Brian STREET ADDRESS 12280 S Hwy 475 CITY-ST-ZIP Ocala FL, 34480	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Robinson Brian STREET ADDRESS 12280 S Hwy 475 CITY-ST-ZIP Ocala FL, 34480
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 empowered.			
SIGNATURE:  Brian Robinson		DATE 3-10-06 (352)427-1023	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	