

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03457

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SPECIALTY METALS, INC.

**Current Principal Place of Business:**

6433 EDGEWATER DR  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

6433 EDGEWATER DR  
ORLANDO, FL 32810 US

**New Mailing Address:**

6433 EDGEWATER DR.  
ORLANDO, FL 32810 US

FEI Number: 59-2443440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALLIDAY, CHRISTOPHER M PRES.  
6433 EDGEWATER DR  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

HALLIDAY, CHRISTOPHER M PRES.  
6151 LINNEAL BEACH DR  
APOPKA, FL 32703 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:

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HALLIDAY, CHRISTOPHER M  
Address: 6151 LINNEAL BEACH DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: VP ( ) Delete  
Name: AHLBERG, DONALD L  
Address: 190 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HALLIDAY, CHRISTOPHER M  
Address: 6151 LINNEAL BEACH DR.  
City-St-Zip: APOPKA, FL 32810 US

Title: VP (X) Change ( ) Addition  
Name: AHLBERG, DONALD L  
Address: 190 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTOPHER M. HALLIDAY

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date