2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State
09-03-2004 90005 024 ***150.00

DOCUMENT # P03000108677

1. Entity Name
SPECIALIZED METALS INC.

Principal Place of Business
14205 WELLINGTON TRACE
WELLINGTON, FL 33414

Mailing Address
14205 WELLINGTON TRACE
WELLINGTON, FL 33414

2. Principal Place of Business | Suite, Apt. #, etc. | City & State | Zip | Country

3. Mailing Address | Suite, Apt. #, etc. | City & State | Zip | Country

08312004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0272701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name DAVID P. DENSON
Street Address (P.O. Box Number is Not Acceptable) 14205 WELLINGTON TRC.
City WELLINGTON FL Zip Code 33414

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 [signature] DAVID P. DENSON PRESIDENT 08-31-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENSON, DAVID P 14205 WELLINGTON TRACE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENSON, PATTI S 14205 WELLINGTON TRACE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] DAVID P. DENSON 08-31-04 561-791-9653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #