2004 FOR PROFIT CORPORATION

FILED Mar 29, 2004 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P98000004821** A - 1 BEST PRICE METAL, INC. Principal Place of Business Mailing Address 2908 SYDNEY RD P 0 BOX 3116 PLANT CITY, FL 33567 PLANT CITY, FL 33564 03092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3486478 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent WINTERS, MARTIN H DO NOT WRITE 3032 WILLIAMS BL VALRICO, FL 33594 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000097657 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/29/04-80009-018 150.00 OFFICERS AND DIRECTORS 10 TITLE WINTERS, MARTIN NAME STREET ADDRESS 2908 SYDNEY RD. PLANT CITY, FL 33566 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cettly, that I am an officer or clirector 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.

NAME STREET ADDRESS CITY - ST-ZIP