

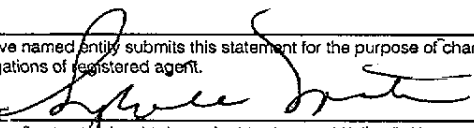
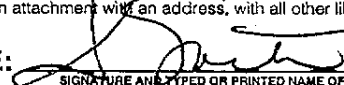


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K49087</b> 1. Entity Name <b>ALLOYS INC.</b>			
Principal Place of Business <b>15955 NW 52ND AVE G &amp; H MIAMI, FL 33014 US</b>		Mailing Address <b>5780 SOESTERN COURT CHINO, CA 91710-7020</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04272004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0088112</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAISON, JASON N 15955 NW 52ND AVE MIAMI, FL 33014</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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  <span style="float: right;">4-27-04 DATE</span> <small>Signature, worded or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000151112 05/04/04-80033-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAITE, SYLVIA 1511 S MAIN STREET SANTA ANA, CA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-27-04 Date 909-590-8828 Daytime Phone #	