2007 FOR PROFIT CORPORATION

Apr 27, 2007 08:00 All Secretary of State ANNUAL REPORT **DOCUMENT # P01000037162** AMERICAN METALS SUPPLY, INC. Principal Place of Business Mailing Address 3119 QUEEN PALM DR 3119 QUEEN PALM DR TAMPA, FL 33619 TAMPA, FL 33619 No Chg-P 04242007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3739009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent GIBBONS, KIRK M DO NOT WRITE 3321 HENDERSON BOULEVARD TAMPA, FL 33609 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. I 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 regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GONZALEZ, SANTOS NAME STREET ADDRESS 3119 QUEEN PALM DR CITY-ST-ZIP TAMPA, FL 33619 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U000000739991

12. I hereby certify that the information supplied with this filling 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 abcurate 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:

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME

FILED

05/14/07-80049-014 150.00