

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90056 025 ***150.00



DOCUMENT # 436065	
1. Entity Name WORLD METALS, INCORPORATED	
Principal Place of Business 1020 N.E. 27TH AVE. POMPANO BEACH, FL 33062	Mailing Address 1020 N.E. 27TH AVE. POMPANO BEACH, FL 33062



2. Principal Place of Business 2401 ANTIGUA CIRCLE		3. Mailing Address 2401 ANTIGUA CIRCLE	
Suite, Apt. #, etc. SUITE A1		Suite, Apt. #, etc. SUITE A1	
City & State COCONUT CREEK, FL.		City & State COCONUT CREEK, FL.	
Zip 33066	Country BROWARD	Zip 33066	Country BROWARD

02132006 Chg-P CR2E034 (11/05)

4. FEI Number 38-1918193		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 MITCHELL, MARTIN 1020 N.E. 27TH AVE POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name MITCHELL, MARTIN Street Address (P.O. Box Number is Not Acceptable) 2401 ANTIGUA CIRCLE SUITE A1 City COCONUT CREEK, FL Zip Code 33066	
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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: **MITCHELL, MARTIN** *Martin Mitchell* **2/13/06**
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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MARTIN 1020 N.E. 27TH AVE. POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MARTIN 2401 ANTIGUA CIRCLE SUITE A1 COCONUT CREEK, FL. 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing 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 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: *Martin Mitchell* **MITCHELL, MARTIN/PRES** **2/13/06** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **971 1277**
Daytime Phone #