2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM DOCUMENT # F97000005147 **Secretary of State** METAL SPECIALTY, INC. Principal Place of Business Mailing Address 22101 OLD COUNTY ROAD 47 22101 OLD COUNTY ROAD 47 PERDIDO, AL 36562 PERDIDO, AL 36562 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1109685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOHERTY, MICHAEL DO NOT WRITE 37 OAKWOOD ROAD JACKSONVILLE BEACH, FL 32250 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 signsture required when registating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PCS** THE OSBORN, EDDY NAME STREET ADDRESS 22101 OLD COUNTY ROAD 47 CITY-ST-ZIP PERDIDO, FL 36522 TITLE OSBORN, JUDY NAME U00000677342 STREET ADDRESS 22101 OLD COUNTY RD., 47 03/30/07~80039-017 150.00 PERDIDO, AL 36562 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ITILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IML£

12. Thereby 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 chapter 607, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP