2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006623

WAHLE, MICHÁEL C

RIALTO, CA 92377

2745 N. LOCUST AVE.

Name:

Address:

City-St-Zip:

FILED May 06, 2008 Secretary of State

Entity Nar	ne: RIBRO	OF METAL SY	STEMS, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
PO BOX 40 ROSSVILLE, TN 38066					570 MORRISON ROAD ROSSVILLE, TN 38066			
Current Mailing Address:					New Mailing Address:			
PO BOX 40 ROSSVILLE, TN 38066					1817 MOODY STREET SUITE 15 CARSON CITY, NV 89706			
FEI Number:	62-1419735	FEI Number	Applied For ()	FEI Nun	nber Not Appl	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
LALICH, R 400 PICKE OVIEDO, F	RINGTON F	PLACE US						
The above in the State		ty submits this s	tatement for the p	urpose o	f changing it	s registe	red office or registered agent, or both,	
SIGNATUR								
Electronic Signature of Registered Agent					Date			
		193(2)(b), F.S., the ing Trust Fund Co	e corporation did not ontribution ().	receive t	he prior notice	э.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PDC MITCHELL, 0 570 MORRIS ROSSVILLE	SON RD.			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST MOSER, VE 2745 N. LOC RIALTO, CA	CUST AVE.			Title: Name: Address: City-St-Zip:		(X) Change () Addition VERNE ODY STREET I CITY, NV 89706	
Title:	DC	() Delete			Title [.]	DC	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WAHLE, MICHAEL C

CARSON CITY, NV 89706

1817 MOODY STREET, SUITE 15

SIGNATURE: VERNE F. MOSER CFO 05/06/2008