2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L06000013498

Entity Name: ARIES METALS, LLC

Current Principal Place of Business:

645 NW ENTERPRISE DR
SUITE 102
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

645 NW ENTERPRISE DR
SUITE 102
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 27-0137574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOLEY, JOHN M
645 NW ENTERPRISE DR STE 102
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

FOLEY, JOHN M
645 NW ENTERPRISE DR
SUITE 102
PORT ST LUCIE, FL 34986 US

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.

SIGNATURE: _____ 05/01/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BALL, MARIANNE
Address: 108 NW ROCKBRIDGE CT
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGRM ( ) Delete
Name: FOLEY, JOHN M
Address: 645 NW ENTERPRISE DR SUITE 102
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIANNE BALL MGR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date