

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90035 022 \*\*\*\*55.00

<b>DOCUMENT # L06000080513</b> 1. Entity Name <b>METALWOOD CREATIONS, LLC</b>			
Principal Place of Business 117 NE 1ST CT. DANIA BEACH, FL 33004 US		Mailing Address 117 NE 1ST CT. DANIA BEACH, FL 33004 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>WATTS, DAVID L</b> <b>117 NE 1ST CT.</b> <b>DANIA BEACH, FL 33004</b>		7. Name and Address of New Registered Agent Name: <u>Watts, David L. owner + manager</u> Street Address (P.O. Box Number is Not Acceptable) <u>Same Address</u> City: <u>FL</u> Zip Code: _____	
4. FEI Number <b>20-5461070</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
B. 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: <u>David L. Watts owner + manager</u> DATE: <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when changing agent)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
11. 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 is true and accurate and that my 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: <u>David L. Watts owner + manager</u> DATE: <u>4/17/07</u> DAYTIME PHONE: <u>954-929-9321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			