2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 22, 2008 8:00 am **Secretary of State DOCUMENT # P00000095429** 05-22-2008 90506 001 ***450.00 ALL METAL STRUCTURES, INC. Principal Place of Business Mailing Address **545 TALL OAKS TERR 545 TALL OAKS TERR** LONGWOOD, FL 32750 LONGWOOD, FL 32750 04262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3717595 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUSICK, LARRY** DO NOT WRITE 545 TALL OAKS TERR LONGWOOD, FL 32750 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 (NOTE: Registered Agent signature required when rematating Signeture, broad or printed game of registered appeal and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **BUSICK, LARRY** 545 TALL OAKS TER STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE

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 eath; 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.

NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED HOME OF SIGNENG OFFICER

4-2808

807-323-9060

FILED

Daytime Phone #