

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000145

Entity Name: METALMEN INC.

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

824 ROBINSON AVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 616
CLARCONA, FL 32710 US

New Mailing Address:

FEI Number: 59-3686770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, JOHN
824 ROBINSON AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLELLAN, GARRY
Address: PO BOX 616
City-St-Zip: CLARCONA, FL 32710 US

Title: VP () Delete
Name: BARNES, JOHN
Address: PO BOX 616
City-St-Zip: CLARCONA, FL 32710 US

Title: S () Delete
Name: MCCLELLAN, TRACY C
Address: PO BOX 616
City-St-Zip: CLARCONA, FL 32710 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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.

SIGNATURE: TRACY MCCLELLAN

S

02/09/2007

Electronic Signature of Signing Officer or Director

Date