## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P01000087605 1. Entity Name SUPREME STEEL RULE DIES, INC. Principal Place of Business Mailing Address 1360 ALTERNATE 19 P:0. BOX 1330 HOLIDAY, FL 34691 OLDSMAR, FL 34677 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3743301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent ATHANASOULIS, HELEN DO NOT WRITE **1360 ALTERNATE 19** HOLIDAY, FL. 34691 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, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ATHANASOULIS, HELEN **1300 ALTERNATE 19** STREET ADDRESS CHY-ST-ZIP HOLIDAY, FL 34691 U00000726536 05/04/07-80011-016 150.00 TITLE 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

12. I hereby certify that the information supplied with this filling 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #