

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 09, 2005  
Secretary of State**

DOCUMENT# P01000106822

Entity Name: METALHEADS, INC.

**Current Principal Place of Business:**

1409 NORA LN  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7074  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 59-3754177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARR, MICHAEL  
1409 NORA LN  
NORTH PORT, FL 34286      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

**OFFICERS AND DIRECTORS:**

Title: AS      ( ) Delete  
Name: ALMOND, JASON K  
Address: CENTER RD  
City-St-Zip: VENICE, FL

Title: V      ( ) Delete  
Name: LONG, TIMOTHY C  
Address: 1414 CORTAGE AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: P      ( ) Delete  
Name: CARR, MICHAEL  
Address: 1409 NORA LN  
City-St-Zip: NORTH PORT, FL 34286

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: S      ( ) Change (X) Addition  
Name: CARR, BRANDON M  
Address: 1409 NORA LN  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL CARR

P

06/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date