
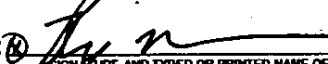


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 006 ***150.00

| | | | | | |
|---|------------------------|--|--|---|-----------------------------------|
| DOCUMENT # P02000022481 | | | |  | |
| 1. Entity Name WARREN STEEL, INC. | | | | | |
| Principal Place of Business 24815 AUDREY ROAD LAND O LAKES, FL 34639 | | | Mailing Address 24815 AUDREY ROAD LAND O LAKES, FL 34639 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 02-0553686 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WARREN, RAYMOND E 24815 AUDREY ROAD LAND O LAKES, FL 34639 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WARREN, RAYMOND E | | NAME | | |
| STREET ADDRESS | 24815 AUDREY ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAND O LAKES, FL 34639 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WARREN, DAVID A | | NAME | | |
| STREET ADDRESS | 24815 AUDREY ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAND O LAKES, FL 34639 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BAGGETT, JEFFREY S | | NAME | SD DAVID A. WARREN | |
| STREET ADDRESS | 24815 AUDREY ROAD | | STREET ADDRESS | 24815 Audrey Rd. | |
| CITY-ST-ZIP | LAND O LAKES, FL 34639 | | CITY-ST-ZIP | LAND O LAKES FL 34639 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WARREN, RAYMOND E | | NAME | | |
| STREET ADDRESS | 24815 AUDREY ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAND O LAKES, FL 34639 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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. | | | | | |
| SIGNATURE:  | | | RAYMOND E. WARREN | | 1-20-05 (813) 948-7364 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

50007094



01142005 Chg-P CR2E034 (10/03)