


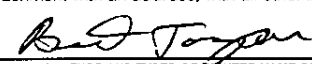


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90019 014 ***150.00

DOCUMENT # P02000080227					
1. Entity Name BT METAL MAN COMPANY INC.					
Principal Place of Business 4651 PINE STREET FRUITLAND PARK, FL 34731			Mailing Address P.O. BOX 24 TAVARES, FL 32778		
2. Principal Place of Business 16830 SE 115th Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Weirsdale FL		City & State		4. FEI Number 59-3708353	
Zip 32195		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOSSPON, BERT 4651 PINE STREET FRUITLAND PARK, FL 34731			7. Name and Address of New Registered Agent Name: Tosspon, Bert Street Address (P.O. Box Number is Not Acceptable): 16830 SE 115th Ave City: weirsdale FL Zip Code: 32195		
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:  <u>BERT Tosspon</u> <u>5-12-06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOSSPON, BERT 4651 PINE STREET FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Tosspon, Bert 16830 SE 115th Ave Weirsdale FL 32195	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  <u>BERT Tosspon</u>			<u>5-12-06</u>		<u>(352)-267-4442</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>