2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

1. Entity Name CUSTOM METAL WERKS, INC.					05-01-2006	90335 021 ***1	50.00	
		Mailing Address		7.				
		5408 FLINTWOOD CIRCLE PENSACOLA, FL 32504			· ***			
2. Principal Place of Business 3 4410 North W Street		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042006	Chg-P	CR2E034 (11/05)	
City & State Pensacola, FL		City & State		4. FEI Numb 06-167				
Zip 32505	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 A	dditional	
	6. Name and Address of Current Re	egistered Agent	Mana	7. Name and	Address of New R	<u>.</u>		
ZULEGER, M. TODD			Name					
5408 FLINTWOOD CIRCLE PENSACOLA, FL 32504			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	· · · · · · · · · · · · · · · · · · ·		Et Zip Co	da	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DI		11.	ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTO		
	D • ZULEGER, M. TODD	☐ Delete	TITLE NAME			☐ Change	Addition	
l l	5408 FLINTWOOD CIRCLE PENSACOLA, FL 32504		STREET ADDRESS CITY-ST-ZIP					
TTLE .		☐ Delete	TITLE		·	☐ Change	Addition	
NAME STREET ADDRESS			name Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
TITLE	*	☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition	
NAME		□ Deagle	NAME			L. Grange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME								
STREET ADDRESS			NAME STREET ADDRESS					
STREET ADORESS CITY-ST-ZIP			NAME Street Address City-St-Zip					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with the information supplemental report is supplemental report is to retain or the receiver or trustee on power operation and attachment with an address of the supplemental su	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY STATE	led in Chapter 11se same legal effe 807, Florida Statuk	o, Florida Statutes. I ct as if made under es; and that my nam		_	