

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90027 046 \*\*\*150.00

<b>DOCUMENT # P03000018480</b>					
<b>1. Entity Name</b> CUSTOM METAL WORKS, INC.					
<b>Principal Place of Business</b> 4410 N W ST PENSACOLA, FL 32505			<b>Mailing Address</b> 5408 FLINTWOOD CIRCLE PENSACOLA, FL 32504		
<b>2. Principal Place of Business - No P.O. Box #</b> 5408 FLINTWOOD CIRC			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> PENSACOLA FL			<b>City &amp; State</b>		
<b>Zip</b> 32504		<b>Country</b> ECUADOR		<b>4. FEI Number</b> 06-1677897	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ZULEGER, M. TODD 5408 FLINTWOOD CIRCLE PENSACOLA, FL 32504			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE:  DATE: 4-2-07 <small>Signature, typed or printed name of registered agent and fees in applicable (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULEGER, M. TODD 5408 FLINTWOOD CIRCLE PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
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<b>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 an officer like empowered.</b>					
<b>SIGNATURE:</b>			4-2-07 850 712-2150 <small>DATE Daytime Phone #</small>		