
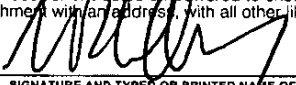


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90201 005 ***150.00

DOCUMENT # P03000157204					
1. Entity Name STEELE WORX, INC.					
Principal Place of Business 2315 BEACH BLVD SUITE 201B JACKSONVILLE BEACH, FL 32250			Mailing Address 3545-1 ST JOHNS BLUFF ROAD S #327 JACKSONVILLE, FL 32224		
2. Principal Place of Business		3. Mailing Address 2315 BEACH BLVD.			
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc. SUITE 202			
City & State		City & State JACKSONVILLE BEACH, FL			
Zip 32250	Country	Zip 32250	Country	4. FEI Number 20-0490927	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL P 2315 BEACH BLVD SUITE 201 A JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <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 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	O/D STEELE, ALLEN J PRES 7174 RAMOTH DRIVE JACKSONVILLE, FL 32226		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEELE, ALLEN J. 2315 Beach Blvd, Ste 202 Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O/D WILLIAMS, MICHAEL P SEC 3808 MICHAEL'S LANDING CIRCLE E JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS MICHAEL P. 2315 Beach Blvd Ste 202 Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			MICHAEL P. WILLIAMS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/06 Daytime Phone # (904) 249-0275		