2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129265

Entity Name: 2AT METAL WORKS INC.

4859 E. BUTLER ROAD

AVON PARK, FL 33825 US

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

Entity Nai	me: ZAIMEIA	AL WORKS INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	JLTER ROAD RK, FL 33825	US			
Current Mailing Address:			New Mailing Address:		
	JLTER ROAD RK, FL 33825	US			
FEI Number	: 20-1600299	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
TEMPLES, BILL 4859 E. BUTLER ROAD AVON PARK, FL 33825		US	TRACE, SUSAN 4859 E. BUTLER ROAD AVON PARK, FL 33825		
	named entity s e of Florida.	ubmits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SUSAN A. TRACE			05/01/2008		
	Electroni	ic Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () TRACE, SUSAN 4859 E. BUTLEF AVON PARK, FL		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () TEMPLES, BILL 4859 E. BUTLEF AVON PARK, FL	R ROAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () TRACE, SUSAN 4859 E. BUTLEF AVON PARK, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	T () TEMPLES, BILL	Delete	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SUSAN A. TRACE P 05/01/2008