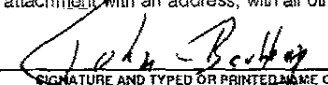


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # P04000160877					
1. Entity Name SOLUBLE METALS, INC.					
Principal Place of Business 5708 PURITAN ROAD TAMPA FL 33617 US			Mailing Address 5708 PURITAN ROAD TAMPA FL 33617 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1933335	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARLTROP, JOHN A 5708 PURITAN ROAD TAMPA FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BARLTROP, JOHN A			NAME	000000600451
STREET ADDRESS	5708 PURITAN ROAD			STREET ADDRESS	01/26/07-20010-007 150.00
CITY ST ZIP	TAMPA FL 33617			CITY ST ZIP	
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	YOUNG, JOY			NAME	
STREET ADDRESS	6732 ABSHER DR			STREET ADDRESS	
CITY ST ZIP	LAND O'LAKES FL 34637			CITY ST ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  [JOHN BARLTROP] Jan 19/07 813-985-1257					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If					



1st MOORE CR2E034 (10/06)