

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053502

FILED
Feb 10, 2005
Secretary of State

Entity Name: CAREY STEEL TYING, INC.

Current Principal Place of Business:

6315 INDIAN WELLS BLVD.
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

6315 INDIAN WELLS BLVD.
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0429650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAREY, ROSS
240 ROSS DRIVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAREY, WILLIAM
Address: 6315 INDIAN WELLS BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: CAREY, ROSS
Address: 6315 INDIAN WELLS BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: CAREY, BELINDA
Address: 6315 INDIAN WELLS BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: ROMER, JUSTIN
Address: 838 BLUE RIDGE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: BELINDA CAREY

S

02/10/2005

Electronic Signature of Signing Officer or Director

Date