2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P97000105894 PRODUCTION METAL STAMPINGS INC. Principal Place of Business Mailing Address 8133 OPPORTUNITY DRIVE 8133 OPPORTUNITY DRIVE MILTON, FL 32583 MILTON, FL 32583 CR2E034 (11/05) 04212006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3485094 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent FULFORD, THOMAS B DO NOT WRITE 8133 OPPORTUNITY DRIVE MILTON, FL 32583 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstains) DATE 9. Eléction Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FULFORD, THOMAS B NAME STREET ADDRESS 8133 OPPORTUNITY DRIVE CITY - 57 - 207 MILTON, FL 32583 ITTLE FULFORD, MERIEL NAME 8133 OPPORTUNITY DRIVE STREET ADDRESS U00000528251 05/05/06-80030-009 150.00 CITY-ST-ZIP MILTON, FL 32583 TITLE STREET ACCORESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE IMF NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS OTY-57-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certily 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 anothing 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 actives. With all other like empowered.

DWAME OF SIC

FFICER OR DIRECTOR

FILED