



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000105894 1. Entity Name PRODUCTION METAL STAMPINGS INC.	
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Principal Place of Business 8133 OPPORTUNITY DRIVE MILTON, FL 32583	Mailing Address 8133 OPPORTUNITY DRIVE MILTON, FL 32583
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DO NOT WRITE IN THIS SPACE

	
02192008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-3485094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FULFORD, THOMAS B 8133 OPPORTUNITY DRIVE MILTON, FL 32583
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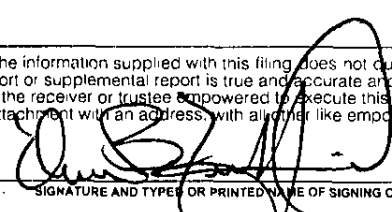
DO NOT WRITE IN THIS SPACE

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>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000947767 06/02/08-80028-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FULFORD, THOMAS B 8133 OPPORTUNITY DRIVE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FULFORD, MERIEL 8133 OPPORTUNITY DRIVE MILTON, FL 32583
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	4/31/08 850981 8240
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #