


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S00428 1. Entity Name WINDSOR METAL SPECIALTIES, INC.	
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Principal Place of Business 1820 AVENUE A KISSIMMEE, FL 34758	Mailing Address P.O. BOX 421210 KISSIMMEE, FL 34742-1210
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3027315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent BRANT, MALCOLM 2331 INDIAN MOUND TRAIL KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE

9. 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 <u><i>Malcolm Brant</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE <u>1-7-05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDT, MALCOLM 1820 AVENUE A. KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DULA, FRED 6614 GAYWIND DRIVE CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, ROBERT 1803 3RD STREET S.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1000000178499
01/12/05-80029-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Malcolm Brant</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1-7-05</u> <small>Date</small>