

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 029 ***150.00

DOCUMENT # V00465 1. Entity Name NU-TECH PRECISION METALS CORP.					
Principal Place of Business 2000 GLADES ROAD SUITE 400 BOCA RATON, FL 33431 US			Mailing Address PO BOX 7 ARNPRIOR ONTARIO K7S3H2 CANADA, XX		
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		Country		4. FEI Number 65-0306975	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARKER, CHARLES T HRAWG CORP. 2000 GLADES ROAD #3400 BOCA RATON, FL 33131				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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	CD DAVIDSON, THOMAS N 2000 GLADES RD., #400 BOCA RATON, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	P POVRIER, MIKE 460 MCCARTNEY STREET ONTARIO, CANADA, aonprio	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	AS ANDERSON, SHIRLEY 2000 GLADES RD., #400 BOCA RATON, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	T CAMPBELL, RICHARD F 1800 ONE M & T PLAZA BUFFALO, NY 14203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <i>Mike Poirier</i> MIKE POIRIER <i>May 11 2007 613 623 6544</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					