


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V40394
1. Entity Name
TRI-TECH METAL, INC.



Principal Place of Business Mailing Address
6925 DAUBON COURT **6925 DAUBON COURT**
NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL 34655**



DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3129002 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PATENTE, MARY
6925 DAUBON COURT
NEW PORT RICHEY, FL 34655

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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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

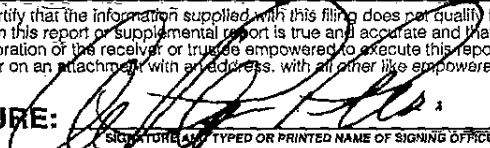
000000341972
04/29/05 80035-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARENTE, CARLO
STREET ADDRESS	6925 DAVBON CT
CITY-ST-ZIP	NEW PT RICHEY, FL
TITLE	VP
NAME	PARENTE, THOMAS M
STREET ADDRESS	6925 DAUBAN CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  **Carlo Parente** 4126605 727 3726684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #