


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 016 ***150.00

DOCUMENT # P38061

1. Entity Name
DEUTSCHE NICKEL AMERICA, INC.



Principal Place of Business Mailing Address

279 JENCKES HILL RD **279 JENCKES HILL RD**
SMITHFIELD, RI 02917 US **SMITHFIELD, RE 02917 US**

2. Principal Place of Business 3. Mailing Address

100 Higginson Ave **100 Higginson Ave**
 Suite, Apt. #, etc.

City & State City & State

Lincoln, RI **Lincoln, RI**

Zip Country Zip Country

02865 USA **02865 USA**

01232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0455152 Not Applicable

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

6. Name and Address of Current Registered Agent

CONNELLY, DAVID J
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLATATION, FL 33324

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 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEBERT, JAN 279 JENCKES HILL RD SMITHFIELD, RI 02917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Higginson Ave Lincoln, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOP, WOLFGANG 279 JENCKES HILL RD SMITHFIELD, RI 02917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Higginson Ave Lincoln, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEELE, KEVIN J 279 JENCKES HILL ROAD SMITHFIELD, RI 02917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Higginson Ave Lincoln, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARTH, MARCUS 279 JENCKES HILL ROAD SMITHFIELD, RI 02917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Higginson Ave Lincoln, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, STEFAN 279 JENCKES HILL RD SMITHFIELD, RI 02917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wolff, Stefan 100 Higginson Ave Lincoln, RI 02865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kevin Steele* Date: 1/26/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR