

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P38061

1. Entity Name
DEUTSCHE NICKEL AMERICA, INC.



Principal Place of Business
100 HIGGINSON AVE.
LINCOLN, RI 02865 US

Mailing Address
100 HIGGINSON AVE.
LINCOLN, RI 02865 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0455152** Applied For
 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

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST + Director
NAME	STEELE, KEVIN J
STREET ADDRESS	100 HIGGINSON AVE.
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	P + Director
NAME	PARTH, MARCUS
STREET ADDRESS	100 HIGGINSON AVE.
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	Director + Vice President
NAME	Ed Morrow
STREET ADDRESS	100 Higginson Ave
CITY-ST-ZIP	Lincoln, RI 02865
TITLE	Director
NAME	Ralph Mast
STREET ADDRESS	100 Higginson Ave
CITY-ST-ZIP	Lincoln, RI 02865
TITLE	Director
NAME	Gabrielle Röhr
STREET ADDRESS	100 Higginson Ave
CITY-ST-ZIP	Lincoln, RI 02865
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000387121
 01/19/06-80025-018 150.00
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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: Kevin Steele
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #