
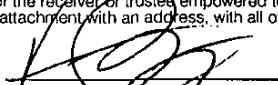


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 005 ***158.75

DOCUMENT # 509621			
1. Entity Name METRIC ENGINEERING INC.			
Principal Place of Business 13940 SW 136TH ST SUITE 200 MIAMI, FL 33186 US		Mailing Address 13940 SW 136TH ST SUITE 200 MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENITEZ, VICTOR M. 12191 SW 92ND AVE MIAMI, FL 33176		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ, VICTOR M.	NAME	DUART, CARLOS A
STREET ADDRESS	12191 S.W. 92ND AVE	STREET ADDRESS	14491 SW 161 ST
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33177
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM V	NAME	GAINER, PHILLIP
STREET ADDRESS	1026 WARD CIRCLE	STREET ADDRESS	911 PIONEER ROAD
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	CHIPLEY, FL 32028
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ, SILVIA S	NAME	LOPEZ, JOAQUIN N
STREET ADDRESS	14920 SW 167TH ST.	STREET ADDRESS	4150 SW 82 CT
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGES, WILLIAM R	NAME	MARQUEZ, MARTIN
STREET ADDRESS	1673 SHADOWMOSS CIRCLE	STREET ADDRESS	3567 STRATTON LANE
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	BOYD BEACH, FL 33436
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIGGS, PAUL	NAME	WAGERS, WILLIAM R
STREET ADDRESS	11535 S.W. 77TH AVE.	STREET ADDRESS	8628 SUBURBAN DR
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAULEY, DOUGLAS K	NAME	YALID, JOSEPH
STREET ADDRESS	1058 CLAYTON RD	STREET ADDRESS	2916 BROMLEY ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428	CITY-ST-ZIP	WINTER PARK, FL 32792
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: 		Date: 1/11/2006 Daytime Phone #: (305) 235-5098	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	