

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

DOCUMENT# N01000001091

**Entity Name:** METROPOLITAN ENVIRONMENTAL TRAINING ALLIANCE, INC.

**Current Principal Place of Business:**

3319 MAGUIRE BLVD.  
SUITE 232  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

3319 MAGUIRE BLVD.  
SUITE 232  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 01-0574855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURSON, LU  
3319 MAGUIRE BLVD  
STE 232  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: BURSON, LU  
Address: 3319 MAGUIRE BLVD STE 232  
City-St-Zip: ORLANDO, FL 32803

Title: VC      ( ) Delete  
Name: PROFFITT, LEAH  
Address: 3319 MAGUIRE BLVD., STE 232  
City-St-Zip: ORLANDO, FL 32803

Title: T      ( ) Delete  
Name: DICKERSON, JENNIFER  
Address: 2382 RIVER TREE CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: WATERS, TOM  
Address: 1634 SR 419  
City-St-Zip: LONGWOOD, FL 32750

Title: D      ( ) Delete  
Name: PRATHER, JEFF  
Address: 3319 MAGUIRE BLVD, STE. 232  
City-St-Zip: ORLANDO, FL 32803

Title: D      ( ) Delete  
Name: PALIN, LORI  
Address: PO BOX 1000  
City-St-Zip: ORLANDO, FL 32830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER DICKERSON

T

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date