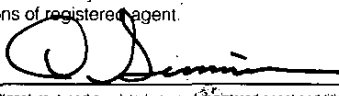
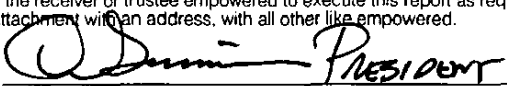


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90058 001 ****61.25

DOCUMENT # N49579			
1. Entity Name METROPOLITAN BUSINESS ASSOCIATION INC.			
Principal Place of Business PO BOX 536981 ORLANDO, FL 32853--698 US		Mailing Address PO BOX 536981 ORLANDO, FL 32715-0364 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		32853-6981	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMMONS, DEBRA 1308 LANG AVE ORLANDO, FL 32803		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 		PRESIDENT DEBRA SIMMONS 5/1/7	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAGGETT, RICHARD	NAME	BAKER-HARGROVE, DAVID A
STREET ADDRESS	1030 37TH ST	STREET ADDRESS	934 N. MAGNOLIA AVE., SUITE 234
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	ORLANDO FL 32803
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, LEAH G CPA	NAME	THOMAS, MICHAEL
STREET ADDRESS	1674 TREMONT LANE	STREET ADDRESS	810 HILLCREST STREET
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	ORLANDO FL 32803
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, DEBRA	NAME	1308 LANG AVE
STREET ADDRESS	1308 LANE AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, JUDY L	NAME	ASBURY, ALISON
STREET ADDRESS	1674 TREMONT LANE	STREET ADDRESS	PO BOX 536981
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	ORLANDO FL 32853-6981
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDENGREN, CRAIG R	NAME	
STREET ADDRESS	4687 CHEYENNE PT TR	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34746	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER-HARGROVE, DAVID A	NAME	BELL, CHARLENE
STREET ADDRESS	934 N MAGNOLIA AVE., SUITE 234	STREET ADDRESS	PO BOX 536981
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	ORLANDO FL 32853-6981
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 617, 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: 		PRESIDENT DEBRA SIMMONS 5/1/7 4078964600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



04302007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3518878** Applied For Not Applicable

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