


FILED
May 09, 2005 8:00 am
Secretary of State

04-14-2005 90084 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000084710

1. Entity Name
ENVIROMETRIXS SYSTEM, INC.



Principal Place of Business Mailing Address
13080 S. BELCHER RD **13080 S. BELCHER RD**
SUITE 3-R **SUITE 3-R**
LARGO, FL 33773 US **LARGO, FL 33773 US**

66016287



2. Principal Place of Business 3. Mailing Address
14114 63RD WAY N **14114 63RD WAY N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03302005 Chg-P CR2E034 (10/03)

City & State City & State
CLEARWATER, FL **CLEARWATER FL**
 Zip Country Zip Country
33760 **33760** **FL**

4. FEI Number Applied For
59-3342920 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ANIS-MOHAMED, TERRY
13080 S. BELCHER RD
SUITE 3-R
LARGO, FL 33773

Name
 Street Address (P.O. Box Number is Not Acceptable)
14114 63RD WAY N.
 City State Zip Code
CLEARWATER FL 33760

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: *[Signature]* DATE: **April 12/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PS ANIS-MOHAMED, TERRY 910 HARBOUR HOUSE DR. INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *[Signature]* DATE: **4/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #