2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90002 038 ***158.75
F01000001120

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001120

1. Entity Name
METILINX, INC.

Principal Place of Business	Mailing Address
999 BAKER WAY SUITE 410 SAN MATEO, CA 94404 US	999 BAKER WAY SUITE 410 SAN MATEO, CA 94404 US

DO NOT WRITE IN THIS SPACE

05032005 No Chg-P CR2E034 (10/03)

4. FEI Number
95-4772272
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MANNING ROBERT~~ Loret De Mola, Gustavo
5757 BLUE LAGOON DR., STE 300
MIAMI, FL 33126

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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 _____ Gustavo Loret De Mola 6-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	COLLAZO, CARLOS M
STREET ADDRESS	999 BAKER WAY SUITE 410
CITY-ST-ZIP	SAN MATEO, CA 94404
TITLE	ST
NAME	PARK, NEIL
STREET ADDRESS	1670 S AMPHLETT BLVD., STE 300
CITY-ST-ZIP	SAN MATEO, CA
TITLE	CEO
NAME	Stephen Richards
STREET ADDRESS	999 Baker Way, Suite 410
CITY-ST-ZIP	San Mateo, CA 94404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Stephen Richards 6-1-05 (650) 292-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CEO — Date — Daytime Phone #