


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90065 008 ***150.00

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1. Entity Name
METROPLEX ENERGY, INC.



Principal Place of Business Mailing Address

3225 CUMBERLAND BLVD **PO BOX 16312**
STE 100 **ATLANTA, GA 30321**
ATLANTA, GA 30339



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02222007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

75-2652266 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOT Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCBRAYER, MAX AS	
STREET ADDRESS	16500 HOPEWELL RD	
CITY- ST- ZIP	ALPHARETTA, GA 30201	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	GURA, PHILIP P	
STREET ADDRESS	16500 HOPEWELL ROAD	
CITY- ST- ZIP	ALPHARETTA, GA 30201	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	WOOD, JIM	
STREET ADDRESS	16500 HOPEWELL RD	
CITY- ST- ZIP	ALPHARETTA, GA 30201	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	DUMBACHER, ROBERT J CFO	
STREET ADDRESS	16500 HOPEWELL RD	
CITY- ST- ZIP	ALPHARETTA, GA 30201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: Robert J. Dumbacher RJ Dumbacher 3/1/07 770-431-7600

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