


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 370950
 1. Entity Name
ECONOMETRICS CORPORATION



Principal Place of Business 1555 WILBAR CIRCLE WINTER PARK, FL 32789	Mailing Address 1555 WILBAR CIRCLE WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1405193	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 KESSLER, MARTIN D
 1555 WILBAR CIRCLE
 WINTER PARK, FL 32789

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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 _____ DATE _____
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, 2006 Fee will be \$550.00

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

UN0000381048
 01/11/06-80038-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KESSLER, DEVON M 1555 WILBAR CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KESSLER, MARTIN D 1555 WILBAR CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, JOAN H 1555 WILBAR CRCL. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, E. KIM 1555 WILBAR CIRCLE WINTER PARK, FL
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 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:  **MARTIN KESSLER** 1-7-06 407 645 3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #