


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**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	

**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1405193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KESSLER, MARTIN D  
 1555 WILBAR CIRCLE  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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 transferring)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000699870  
 04/29/08-80006-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KESSLER, DEVON M
STREET ADDRESS	1555 WILBAR CIRCLE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	ST
NAME	KESSLER, MARTIN D
STREET ADDRESS	1555 WILBAR CIRCLE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	VD
NAME	BENNETT, JOAN H
STREET ADDRESS	1555 WILBAR CRCL.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	VD
NAME	EVANS, E. KIM
STREET ADDRESS	1555 WILBAR CIRCLE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 **MARTIN KESSLER** 4-13-08 407-645-3113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #