## 2006 FOR PROFIT CORPORATION

## May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT #627794** 1. Entity Name METRO PROPERTIES, INC. Principal Place of Business Malling Address 7984 4TH AVE., S P.O. BOX 40724 ST PETERSBURG, FL 33743-0724 US ST PETERSBURG, FL 33707 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1917216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GREEN, BERNARD 7984 4TH AVE., S ST PETERSBURG, FL 33707 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. Signature, typed or printed name of registered agent and file if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GREEN, BERNARD 7984 4TH AVE., S STREET ADDRESS CXTY-ST-ZIP ST PETERSBURG, FL TITLE U00000543835 NAME 05/11/06 80010-020 150.00 STREET ADDRESS CITY-ST-ZIP REALIS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 7171 E IN THIS SPACE SUBSET ADDRESS C17Y -ST - 27P

12. I hereby certify that the information supplied with this filling does not qualify for this 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 wall 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 protein fixed impowered.

SIGNATURE:

um NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

BIONATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone i

**FILED**