2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004966

1. Entity Name

METROVISION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
202 NORFOLK PLACE CELEBRATION FL 34747	8825 BOGGY CREEK RD. ORLANDO FL 32824

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 31-1438160 Applied F[illegible] / Not Applic[illegible]

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

6. Name and Address of Current Registered Agent

MERZ, WILLIAM J
202 NORFOLK PLACE
CELEBRATION FL 34747

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 ac[cept] the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GOAD, TIMOTHY L	
STREET ADDRESS	8825 BOGGY CREEK RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	S	☐ Delete
NAME	HOFFMAN, GEORGE M	
STREET ADDRESS	1176 SCARLET COURT	
CITY-ST-ZIP	WESTERVILLE OH 43081	
TITLE	TV	☐ Delete
NAME	GOAD-PANKALLA, CAROLYN S	
STREET ADDRESS	8825 BOGGY CREEK RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ A[dd]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[dd]
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STREET ADDRESS		
CITY-ST-ZIP		

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02/23/06-80045-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform[ation] 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 dir[ector] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Bloc[k 11] if changed, or on an attachment with an address, with all other like empowered