## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2008 8:00 am Secretary of State 01-09-2008 90011 034 \*\*\*150.00

Pincopal Place of Business   Mailing Address   SIRT 2	DOCUMENT # J49134  1. Entity Name METRIC WRENCH, INC.					01-09-2008 90011 034 ***150.00			
Sure, APL F, etc.  Sure, APL F,	6187 SHIRLEY ST. 6187 SHIRLEY ST. SUITE 2 SUITE 2					1776 (21M 210 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aren aren alén arèn aren alè	1221 (1 /22)	
CITY & State NAPLES FLORION NAPLES FLORION NAPLES FLORION NAPLES FLORION NAPLES FLORION COUNTY 29 4/03 County 34/103 County County To Co	1055 LASTRADA LN. 1055 LAS			RADA LN.					
### Addition    Country   Street Address of Current Registered Agent   Street Address of New Registered Agent   Street Address of New Registered Agent   Name and Address of New Registered Agent   Name   Na	City & State City & State			20104	4. FEI Numbe	r	Ap		
Name	Zip Country Zip Cou			Country			\$8.75 Add	litional	
Sacistian Ances (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current R	legistered Agent		7. Name and	Address of New R	egistered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Po	NAPLES, I	FL 33940							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Company   Co				City			Zip Cod	e	
SIGNATURE    Po   D   D   D   D	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								
### Added to Fees    10.	SIGNATURE 90 01/04/08								
TILE   JANSEN, JENS   STRET ADDRESS   STRET	FILE ROWN FEE 13 \$150,00								
NAME SITRET ADDRESS CITY-ST-ZP TITLE SITRET ADDRESS CITY-ST-ZP TITLE NAME SITRET ADDRESS CITY-ST-ZP	10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 11	
STREET ADDRESS CITY-ST-ZP CITY-ST	MILE	. =	☐ Delete	MLE			☐ Change	Addition	
CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE		•		· · · · · · · · · · · · · · · · · · ·				•	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		i					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<del></del>	☐ Delete	TITLE		******	Change	☐ Addition	
CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>I</b>					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Doleto				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			₩ Dekete	l l			change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP C	<del></del>			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	. w.			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE    Delete									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME Vy/\(\frac{1}{2}\)\(1			☐ Delete	TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP									
TITLE Change Addition  NAME 95/10/10/19/10  STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE Addition  NAME  STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	MITE	,	☐ Delete	<del></del>		——————————————————————————————————————	☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP				<b>I</b>			_ *		
		٠.							
		certify that the information conclined with	his filing does not qualify for th		and in Chanter 110	Florida Statutas	further certify that the i-	oformation	

12. I nereby certify that the information supplied with this filling 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: \_

JENS JANSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/08

Daytime Phone #