

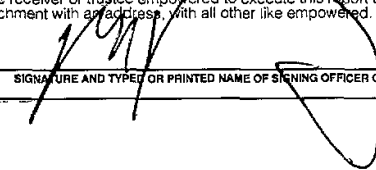


Aug 01
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L80808 1. Entity Name METRO APPRAISAL ASSOCIATES, INC.			
Principal Place of Business % MICHEL T. MAYOU 3001 ALOMA AVE. #122 WINTER PARK, FL 32792		Mailing Address % MICHEL T. MAYOU 3001 ALOMA AVE. #122 WINTER PARK, FL 32792	
DO NOT WRITE IN THIS SPACE			
		07272005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3015601	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MAYOU, MICHAEL T. 3001 ALOMA AVE. #122 WINTER PARK, FL 32792		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MAYOU, MICHAEL T. 3001 ALOMA AVE. #122 WINTER PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP KESTER, BRUCE E 3001 ALOWA AVE #122 WINTER PK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		7/27/05 (407) 679-8221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	