

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001943

FILED
Apr 28, 2006
Secretary of State

Entity Name: PROJET LA METROPOLE/PROJE LA METROPOL (PLM) INC.

Current Principal Place of Business:

P.O. BOX 76832
TAMPA, FL 33675

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 76832
TAMPA, FL 33675

New Mailing Address:

FEI Number: 04-3811210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROS, JUDITH B
11824 HICKORY NUT DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BROS, EMMANUEL
Address: 4711 APT. 705 W. WATERS AVE
City-St-Zip: TAMPA, FL 33614

Title: CEO () Delete
Name: BROS, JUDITH B
Address: 11824 HICKORYNUT DR
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: JACQUES, FRITZ
Address: 1723 APT B W PALMETTO ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: LAMOUR, MICHEL
Address: 1018 LONGSHOREMANS APT C51
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: ZIMMERING, KETTLY
Address: 10613 WILLOBRAE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BOURDEAU, MARIE
Address: 10004 OAKEN GATE PL
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE BOURDEAU

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date