

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001091

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** METROPOLITAN ENVIRONMENTAL TRAINING ALLIANCE, INC.

**Current Principal Place of Business:**

3319 MAGUIRE BLVD.  
SUITE 232  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

3319 MAGUIRE BLVD.  
SUITE 232  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 01-0574855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURSON, LU  
3319 MAGUIRE BLVD  
STE 232  
ORLANDO, FL 32803 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: C ( ) Delete  
Name: BURSON, LU  
Address: 3319 MAGUIRE BLVD STE 232  
City-St-Zip: ORLANDO, FL 32803

Title: VC ( ) Delete  
Name: PALIN, LORI  
Address: P.O. BOX 1000  
City-St-Zip: ORLANDO, FL 32830

Title: T ( ) Delete  
Name: DICKERSON, JENNIFER  
Address: P O BOX 9331  
City-St-Zip: GLENWOOD, FL 32722

Title: D ( ) Delete  
Name: WATERS, TOM  
Address: 1634 SR 419  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: MOSER, RENE  
Address: P.O. BOX 163500  
City-St-Zip: ORLANDO, FL 32816

Title: D ( ) Delete  
Name: LARSON, SUE  
Address: 800 MERCY DRIVE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VC (X) Change ( ) Addition  
Name: PROFFITT, LEAH  
Address: 3319 MAGUIRE BLVD., STE 232  
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change ( ) Addition  
Name: DICKERSON, JENNIFER  
Address: 2382 RIVER TREE CIRCLE  
City-St-Zip: SANFORD, FL 32771

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

Title: D (X) Change ( ) Addition  
Name: PRATHER, JEFF  
Address: 3319 MAGUIRE BLVD, STE. 232  
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change ( ) Addition  
Name: PALIN, LORI  
Address: PO BOX 1000  
City-St-Zip: ORLANDO, FL 32830

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER DICKERSON

T

04/29/2005

Electronic Signature of Signing Officer or Director

Date