## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005408

FILED Apr 30, 2007 Secretary of State

Entity Nar	ne: METROP	OLITAN DESIGN & CONSULT	ING FOUNDATION, IN	C.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:			
400 CAPITAL CIR SE - STE 10 TALLAHASSEE, FL 32301				1611 JAYDELL CIRCLE #D TALLAHASSEE, FL 32308			
Current M	ailing Addres	s:	New Mailing	New Mailing Address:			
400 CAPITAL CIR SE - STE 10 TALLAHASSEE, FL 32301				1611 JAYDELL CIRCLE #D TALLAHASSEE, FL 32308			
FEI Number:	03-0499536	FEI Number Applied For ( )	FEI Number Not Applicat	ble ( ) Cert	ificate of Status Desired	( ) t	
Name and	Address of C	Surrent Registered Agent:	Name and Ad	Name and Address of New Registered Agent:			
400 CAPIT	JENNIFER AL CIR SE - S SSEE, FL 3230		1611 JAYDEL	DONALD, JENNIFER 1611 JAYDELL CIRCLE #D TALLAHASSEE, FL 32308 US			
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing its r	registered office	or registered agent, o	or both,	
SIGNATUF	RE:				04/30/2007		
	Electron	ic Signature of Registered Age	nt		Date		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () DONALD, GRE 2038 LAMBER TALLAHASSE,	T LN	Title: Name: Address: City-St-Zip:	( ) Chan	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	D () JOHNSON, MAI 707 SPRINGSA TALLAHASSEE	X RD	Title: Name: Address: City-St-Zip:	() Chan	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( ) COLLINS, KATI 3080 ABERDEI LITHONIA, GA	EN WAY	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY DONALD 04/30/2007 D