


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90210 037 \*\*\*150.00

DOCUMENT # P00000061940					
1. Entity Name METAL POLISHING SYSTEMS, INC.					
Principal Place of Business 2311A LINEBAUGH AVE. W. TAMPA FL 33612			Mailing Address 2311A LINEBAUGH AVE. W. TAMPA FL 33612		
2. Principal Place of Business 1419 W WATERS AVE SUITE 115 TAMPA FL 33604 HILLS.		3. Mailing Address SAME			
Suite, Apt. #, etc. SUITE 115		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State			
Zip 33604	Country HILLS.	Zip	Country		
6. Name and Address of Current Registered Agent KAGAN, EDWIN B 2709 ROCKY POINT DR., SUITE 102 TAMPA FL 33607			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, RALPH M 2318 LINEBAUGH AVENUE WEST TAMPA FL 33612-7560 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, BARBARA J 2318 LINEBAUGH AVENUE WEST TAMPA FL 33612-7560 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>Barbara J. Stephens</i> BARBARA J STEPHENS			Date 4-18-06 Daytime Phone # 813-932-5356		