## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT-# P00000091449 1. Entity Name 04-03-2006 90403 039 \*\*\*150.00 METABOLIC SOLUTIONS, INC. Principal Place of Business Mailing Address DEADUUUU 1814 COLONIAL DR GREEN COVE SPRINGS FL 32043 1814 COLONIAL DR GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address 2172 A first Ave Suite, Apt. #, etc. 2/72 A First Ave Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 59-3678633 Fernandina Beach. FernAndina Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABOTIN, LOUISE D Street Address (P.O. Box Number is Not Acceptable) 1814 COLONIAL DR **GREEN COVE SPRINGS FL 32043** 2172 A FIRST AVE Zip Code 32034 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SABOTIN, JOSEPH J NAME 2172A FIRST AVE STREET ADDRESS 1814 COLONIAL DR STREET ADDRESS Fernancina Bench, FL 32034 G-Change Addition CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-7IP TITLE Delete TITLE NAME SABOTIN, LOUISE D NAME 2172 A first Ave Fernancina Beach, FL 32034 STREET ADDRESS 1814 COLONIAL DR STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

FILED

Joseph J. SAbotin 904 4347766
Date Dayling Phone #