


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000016245	
1. Entity Name SYMMETREX, INC.	

Principal Place of Business 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751 US	Mailing Address 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751 US
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3718207	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLINS, LINDA L ESQ. 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE DC	NAME MUSCATO, MICHAEL A
STREET ADDRESS 850 TRAFALGAR COURT, SUITE 100	CITY-ST-ZIP MAITLAND, FL 32751
TITLE S	NAME YADLEY, GREG
STREET ADDRESS 101 EAST KENNEDY BOULEVARD	CITY-ST-ZIP TAMPA, FL 336025151
TITLE PTD	NAME ADAMS, JOSEPH W
STREET ADDRESS 850 TRAFALGAR COURT	CITY-ST-ZIP MAITLAND, FL 32751
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

U00000352337
05/03/05-80022-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **JOSEPH W. ADAMS** **4-28-05** **404-551-1307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #