


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 022 \*\*\*150.00

<b>DOCUMENT # P03000003095</b> 1. Entity Name <b>METRO ARCHITECTS, INC.</b>					
Principal Place of Business 314 SOUTH MISSOURI AVENUE SUITE 311 CLEARWATER, FL 33756			Mailing Address 314 SOUTH MISSOURI AVENUE SUITE 311 CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>56-2310915</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MILLER, CHRISTOPHER</b> <b>314 SOUTH MISSOURI AVENUE</b> <b>SUITE 311</b> <b>CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2200 Clarine way</b> City <b>Dunedin</b> <b>FL</b> Zip Code <b>34698</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MILLER, CHRISTOPHER 314 SOUTH MISSOURI AVENUE #311 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 Clarine way Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAUL, JOSEPH A 314 SOUTH MISSOURI AVENUE #311 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 Clarine way Dunedin FL 34698	
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	
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	
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	
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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/20/08</b> <small>Daytime Phone #</small>		