2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P03000012105** 04-25-2005 90221 027 ***150.00 1. Entity Name METELINE TECH INC. Principal Place of Business Mailing Address 20043174 2861 EXECUTIVE DRIVE STE 200 2861 EXECUTIVE DRIVE STE 200 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business 50 LG HWY 19N. Suite, Apt. #, etc. 03252005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For earwater, A 59-3764857 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAPPAS, GEORGE N Street Address (P.O. Box Number is Not Acceptable) 360 BAYSHORE BLVD, N. #208 CLEARWATER, FL 33759 Zip Code FL 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 agenta 4-12-05 SIGNATURE. Signature, typed or printed name of registered agent ag (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Addition PAPPAS, GEORGE N NAME NAME STREET ADDRESS 360 BAYSHORE BLVD. N. #208 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 occurage 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.

MING OFFICER OR DIRECTOR

FILED