


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90070 007 ***150.00

DOCUMENT # P03000039276

1. Entity Name
METRIC EDGE, INC.



Principal Place of Business
**140 S. BEACH ST
 SUITE 404
 DAYTONA BEACH, FL 32114**

Mailing Address
**4572 PHIPPS DR
 PORT ORANGE, FL 32129-3678**



2. Principal Place of Business
4572 Phipps Dr

3. Mailing Address
 Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State
Port Orange FL

City & State
 City State

Zip
32129

Country
USA

4. FEI Number
42-1585942

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MARSCHIK, MONICA
 4572 PHIPPS DR
 PORT ORANGE, FL 32129**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MARSCHIK, MONICA E <input type="checkbox"/> Delete 4572 PHIPPS DR PORT ORANGE, FL 321293678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CROBAUGH, JACK P <input type="checkbox"/> Delete 2817 SUNSET DR. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MELENDEZ, SIMON <input checked="" type="checkbox"/> Delete 4572 PHIPPS DR PORT ORANGE, FL 321293678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GEORGE A. BVADLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5615 MARSHFIELD DR. PORT ORANGE, FL 32127
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: *Monica Marschik* 01/25/06 386-747-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #