2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)4

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P03000117943 1. Entity Name METRO-AIR TECH, INC. Mailing Address Principal Place of Business 435 N ORANGE BLOSSOM TRIAL 435 N ORANGE BLOSSOM TRIAL ORLANDO FL 32805 ORLANDO FL 32805 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 20-0358581 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 435 N ORANGE BLOSSOM TRIAL ORLANDO FL 32805 City 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 Signature, typed or granted harmolof maj stored agent and the if harplicable, (NOTE: Registered Agent eightetunn required which reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 11. TITLE Deicte TITLE Change Addition NAME PREGASEM, FELIX STREET ADDRESS 1891 ORCHARD PARK DR STREET ADDRESS CITY - ST- ZIP **OCOEE FL 34761** CITY-ST-JIP TITLE Da ete Change Addition NAME PREGASEM, ANGELA STREET ADDRESS 1891 ORCHARD PARK DR STREET ADDRESS CITY-ST-ZIP **OCOEE FL 34761** CITY - ST - ZIP Addition 05/21/08-80098-001 158 U00000030117 THE ☐ Derete NAM: STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP IFILE Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-S1-ZIP TITLE ☐ Derete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-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 offec; as if made under oath; that I am an efficer 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