

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


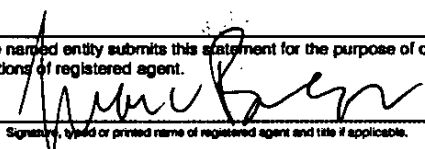
**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90402 023 \*\*\*150.00

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03212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000139507</b>					
1. Entity Name METAL TECH OF CENTRAL FLA INC.					
Principal Place of Business 1037 JIB DR APT 103 ORLANDO, FL 32825			Mailing Address 1037 JIB DR APT 103 ORLANDO, FL 32825		
2. Principal Place of Business 1250 GRAN PASEO DR Suite, Apt. #, etc.		3. Mailing Address 1250 GRAN PASEO DR Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 43-2036649	
Zip 32825		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERSEN, MARC L 1037 JIB DR APT 103 ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1250 GRAN PASEO DR City ORLANDO FL Zip Code 32825		
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 		MARCE L. BERSEN		3/23/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSEN, MARC L 1037 JIB DR APT 103 ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BERSEN MARC L 1250 GRAN PASEO DR. ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input checked="" 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
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 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:**  **MARC BERSEN** 3/23/06 407-402-0176  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #