2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010032

Entity Name: METROVEST PROPERTIES, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1502 ROBERTS DRIVE 236 CANAL BOULEVARD JACKSONVILLE BEACH, FL 32250

SUITE 1

PONTE VEDRA, FL 32082

Current Mailing Address: New Mailing Address:

1502 ROBERTS DRIVE 236 CANAL BOULEVARD JACKSONVILLE BEACH, FL 32250

SUITE 1

PONTE VEDRA, FL 32082

FEI Number: 11-3711498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLAZIER & GLAZIER, P.A RILEY, DEBRA A PRES 8825 PERIMETER PARK BLVD 1517 BIRKDALE LANE

PONTE VEDRA BEACH, FL 32082 SUITE 504 US JACKSONVILLE, FL 32216 US

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.

SIGNATURE: DEBRA ANNN RILEY 04/23/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RILEY, DEBRA A Name: Name: RILEY, DEBRA A 1502 ROBERTS DRIVE 1517 BIRKDALE LANE Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: PONTE VEDRA, FL 32082

Title: VD Title: VD (X) Change () Addition () Delete

Name: ANDRIOLA, JESSICA L Name: ANDRIOLA, JESSICA L 1502 ROBERTS DRIVE Address: 12301 KERNAN FOREST BLVD Address: JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA ANN RILEY PD 04/23/2008