2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

May 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000032540** 05-03-2005 90100 024 ***150.00 1. Entity Name M.E.T. PROPERTY MANAGMENT, INC. Principal Place of Business Mailing Address 400100~ 925 OAK HARBOUR DRIVE 15 REINER DRIVE JUNO BEACH, FL 33408 SHELTON, CT 06484 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ao-106a113 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIRVIN, D. R ESQ. Street Address (P.O. Box Number is Not Acceptable) OCEANSIDE PROFESSIONAL CENTRE 1080 E. INDIANTOWN RD., STE. 105 JUPITER, FL 33477 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P/D Change ☐ Addition TITLE Delete TITLE NAME GOTTSCHALK, EDWARD M NAME STREET ADDRESS 15 REINER DRIVE STREET ADDRESS CITY-ST-ZIP SHELTON, CT 06484 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE KENNEDY, THOMAS J NAME NAME STREET ADDRESS STREET ADDRESS **630 PRINCETON AVENUE** GARDEN CITY SOUTH, NY 11530 CITY - ST- ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MIGLIACCIO, MICHAEL NAME NAME STREET ADORESS 105 CRESTWOOD BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SOUTH FARMINGDALE, NY 11736 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE 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 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

FILED