-2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Apr 20, 2006 08:00 Al Secretary of State **DOCUMENT # P04000058488** 1. Entity Name MET RAIL SYSTEMS, INC. Principal Place of Business Melling Address 1712 ARABIAN DRIVE 1712 ARABIAN DRIVE LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1204476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGHES. METRA G DO NOT WRITE 1712 ARABIAN DRIVE LOXAHATCHEE, FL 33470 IN THIS SPACE 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, typed or printed name of registered agent and title if epplicable. (NOTE, Registered Agent algusture required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HUGHES, METRA G NAME 1712 ARABIAN DRIVE STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 U00000520856 05/02/06-80113-006 150.00 NAME STREET ADDRESS CITY-ST-7/P TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 by 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 life empowered.

NAME OF SIGNING OFFICER OR DIRECTOR