

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068539

Entity Name: METRIC RIDERS INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1327 PORTOFINO CIRCLE #713
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1327 PORTOFINO CIRCLE #713
WESTON, FL 33326 US

New Mailing Address:

1327 PORTOFINO CIRCLE
#713
WESTON, FL 33326 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MATHES, GREGORY L
Address: 1327 PORTOFINO CIRCLE #713
City-St-Zip: WESTON, FL 33326 US

Title: SECR () Delete
Name: MATHES, JO-ANN F
Address: 1327 PORTOFINO CIRCLE #713
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY L. MATHES

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date