

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110566

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: SYMMETRY TECHNICAL CONSULTING INC.

## Current Principal Place of Business:

11685 CANAL DRIVE.  
SUITE# 406  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 140925  
CORAL GABLES, FL 33114

## New Mailing Address:

FEI Number: 20-1416712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, EDDIE  
11685 CANAL DRIVE.  
SUITE# 406  
NORTH MIAMI, FL 33181 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: P ( ) Delete  
Name: LEE, EDDIE  
Address: 11685 CANAL DRIVE. #406  
City-St-Zip: N. MIAMI, FL 33181

Title: VP ( ) Delete  
Name: LEE, IVETTE  
Address: 11685 CANAL DRIVE. #406  
City-St-Zip: N. MIAMI, FL 33181

## 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 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: EDDIE LEE

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date