

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032046

Entity Name: META PERFORMANCE, INC.

FILED  
Apr 19, 2012  
Secretary of State

## Current Principal Place of Business:

13940 N. U.S. HWY 441  
SUITE 210  
THE VILLAGES, FL 32159 US

## New Principal Place of Business:

## Current Mailing Address:

13940 N. U.S. HWY 441  
SUITE 210  
THE VILLAGES, FL 32159 US

## New Mailing Address:

FEI Number: 20-2507591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODWIN, MARTIN  
13940 N. U.S. HWY 441  
SUITE 210  
THE VILLAGES, FL 32159 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

## OFFICERS AND DIRECTORS:

Title: P  
Name: GOODWIN, MARTIN  
Address: 13940 N. U.S. HWY 441, SUITE 210  
City-St-Zip: THE VILLAGES, FL 32159

Title: VP  
Name: GOODWIN, MARTIN  
Address: 13940 N. U.S. HWY 441, SUITE 210  
City-St-Zip: THE VILLAGES, FL 32159

Title: S  
Name: GOODWIN, MARTIN  
Address: 13940 N. U.S. HWY 441, SUITE 210  
City-St-Zip: THE VILLAGES, FL 32159

Title: T  
Name: GOODWIN, MARTIN  
Address: 13940 N. U.S. HWY 441, SUITE 210  
City-St-Zip: THE VILLAGES, FL 32159

I hereby 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 all other like empowered.

SIGNATURE: MARTIN S GOODWIN

P

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date