

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000059563

Entity Name: METATROPHIN, INC.

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1816 LOCH HAVEN COURT  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16033  
CLEARWATER, FL 33766

**New Mailing Address:**

FEI Number: 27-2560562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRIME BUSINESS MANAGEMENT, INC.  
1816 LOCH HAVEN COURT  
TRINITY, FL 34655 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: LIBERTI, LANCE A  
Address: 1816 LOCH HAVEN COURT  
City-St-Zip: TRINITY, FL 34655

Title: VP  
Name: HUMPHREY, KIMBERLY A  
Address: 2746 VIA TIVOLI #114B  
City-St-Zip: CLEARWATER, FL 33764

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: LANCE LIBERTI

PRES

03/08/2011

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

\_\_\_\_\_  
Date