## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P15883

City-St-Zip: ZURICH, CH CH

Entity Name: METECNO, INC

FILED Feb 28, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
405 FENTRESS BOULEVARD DAYTONA BEACH, FL 321141207				725 SUMMERHILL DRIVE DELAND, FL 32724			
Current Mailing Address:				New Mailing Address:			
405 FENTRESS BOULEVARD DAYTONA BEACH, FL 321141207				725 SUMMERHILL DRIVE DELAND, FL 32724			
FEI Number	: 59-2841458	FEI Number Applied For ( )	FEI Num	ber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
VEZZA, MR. CARLO 405 FENTRESS BLVD DAYTONA BEACH, FL 321148299 US				VEZZA, MR. CARLO 725 SUMMERHILL DRIVE DELAND, FL 32724 US			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of	changing i	ts registered	d office or registered agent, or both,	
SIGNATURE:				02/28/2005			
	Electron	nic Signature of Registered Age	ent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD ( MORANDI, MAI VIA PER CASS TRIBIANO, IT			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( VEZZA, C. 405 FENTRES DAYTONA BCH			Title: Name: Address: City-St-Zip:	AS VEZZA, C. 725 SUMME DELAND, FL	(X) Change () Addition RHILL DRIVE - 32724	
Title: Name: Address: City-St-Zip:	CFOS ( BALAKRISHNA 405 FENTRES: DAYTONA BCH	SBLVD		Title: Name: Address: City-St-Zip:	CFOS BALAKRISH 725 SUMME DELAND, FL	RHILL DRIVE	
Title: Name: Address: City-St-Zip:	FORTE, AMED VIA PER CASS			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	FURRER, H	) Delete 3 33. POSTFACH 656		Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CARLO VEZZA AS 02/28/2005