

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 22 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042005 Chg-P CR2E034 (10/03) *MRD*

<b>DOCUMENT # P93000014976</b> 1. Entity Name <b>SUMMETRO, INC.</b>					
Principal Place of Business <b>390 N. ORANGE AVE STE 1100 ORLANDO, FL 32801 US</b>			Mailing Address <b>390 N. ORANGE AVE STE 1100 ORLANDO, FL 32801 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3167056</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE STE 1100 ORLANDO, FL 32801</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;"><b>FL</b></div> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, II, C. DAVID</b> <b>390 N. ORANGE AVE SUITE 1100</b> <b>ORLANDO, FL 32801</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000047932040</b> <b>03/08/05--01029--009 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HAWORTH, HOLLY</b> <b>390 NO ORANGE AVE STE 1100</b> <b>ORLANDO, FL 32801</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>COLLINS, HOLLY</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ALLIGOOD, RANDAL M</b> <b>390 NO ORANGE AVE. STE 1100</b> <b>ORLANDO, FL 32801</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>POPE, SALEESA M</b> <b>390 NO ORANGE AVE. STE 1100</b> <b>ORLANDO, FL 32801</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IBRAHIM, KHALID I AL</b> <b>7575 DR PHILLIPS BLVD STE 305</b> <b>ORLANDO, FL 32819</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <i>C. David Brown II, President</i>			Date <b>2/21/05</b> Daytime Phone # <b>407-839-4200</b>		