

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025093

Entity Name: METCON ENTERPRISES, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

METCON ENTERPRISES INC/
3221 OLD HICKORY CT
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

3221 OLD HICKORY CT
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0402947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWAY, LAURIE FAY
3221 OLD HICKORY CT
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CONWAY, LAURIE F
3221 OLD HICKORY CT
DAVIE, FL 33328 US

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: LAURIE CONWAY

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONWAY, PETER D
Address: 3221 OLD HICKORY COURT
City-St-Zip: DAVIE, FL

Title: V () Delete
Name: CONWAY, LAURIE F
Address: 3221 OLD HICKORY COURT
City-St-Zip: DAVIE, FL

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: LAURIE CONWAY

VP

04/04/2007

Electronic Signature of Signing Officer or Director

Date