## **FILED** 2006 FOR PROFIT CORPORATION Feb 06, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P93000074797 1. Entity Name METRO INVESTMENTS, INC. Principal Place of Business Mailing Address 2640 GOLDEN GATE PARKWAY 2640 GOLDEN GATE PARKWAY SUITE 102 NAPLES, FL 34105 SUITE 102 NAPLES, FL 34105 No Cha-P CR2E034 (11/05) 01232008 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0472729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, THOMAS D DO NOT WRITE C/O METRO INVESTMENTS, INC. 2640 GOLDEN GATE PARKWAY, STE. 102 IN THIS SPACE NAPLES, FL 34105 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 \_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE <u>U00000423807</u> 02/18/06-80022-012 158.75 FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MURRAY, THOMAS D NAME STREET ADDRESS 2640 GOLDEN GATE PKWY, #102 CITY-\$1-27P NAPLES, FL 34105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TISES NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-ST-ZSP IIRE NAME STITEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 director of the corporation or the receiver of true 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 provided.

FICER OR DIRECTOR

Daysme Phone #

SIGNATURE: