2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P95000015467** 04-27-2007 90195 018 ***150.00 METRO TECH DEVELOPMENT CORP. Mailing Address Principal Place of Business 4451 NE 41 TERR 4451 NE 41 TERR 40085859 GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-3306335 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O BARBARA C. JOHNSTON 50 N LAURD STREET STE 3300 JACKSONVILLE, FL 32202 Zip Code City FL 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Defete TITLE Change BROWN, KENNETH P. NAME NAME STREET ADDRESS 4451 NE 41ST TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GAINESVILLE, FL 32609 Delete ☐ Change Addition TITLE NAME MENGELSON, JOHN W NAME STREET ADDRESS STREET ADDRESS 4451 NE 41ST TERR CITY-ST-ZIP GAINESVILLE, FL 32609 CITY-ST-ZIF ☐ Delete THILE ☐ Change ■ Addition **FULLENWIDER BRENT** NAME NAME STREET ADDRESS 4451 NE 41ST TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32609 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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 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 exprowered.

FILED