## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2007 08:00 A Secretary of State **DOCUMENT # 268201** 1. Entity Name H & H ENGINEERING, INC. Mailing Address Principal Place of Business 5760 SW 8TH ST 5760 SW 8TH ST FT LAUDERDALE, FL 33317-4320 US FT LAUDERDALE, FL 33317-4320 US CR2E034 (11/05) 02272007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1006285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HYNES, ANTHONY G DO NOT WRITE 5760 SW 8TH STREET PLANTATION, FL 33317 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 000000656512 03/14/07-80026-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. STD HYNES, MARSHA A NAME 5760 SW 8TH ST STREET ADDRESS CITY - ST - ZIP PLANTATION, FL PD TITLE HYNES, ANTHONY G NAME STREET ADDRESS 5760 SW 8TH ST CITY-ST-ZIP PLANTATION, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OF D

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