2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2005 08:00 AM DOCUMENT # F01000006059 **Secretary of State** CE ENGINEERING CORP. Principal Place of Business Mailing Address COMPREHENSIVE ENGINEERING COMPREHENSIVE ENGINEERING 4653 PLAINFIELD AVE NE 4653 PLAINFIELD AVE NE GRAND RAPIDS, MI 49525 GRAND RAPIDS, MI 49525 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3110758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** DO NOT WRITE 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROMSEK, STEVEN R PE NAME 4653 PLAINFIELD AVE NE STREET ADDRESS CITY-ST-ZIP GRAND RAPIDS, MI 49525 000000206505 02 01 205-80007-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 at address, with all other like empowered.

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

> uu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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