

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 11, 2006 8:00 am
Secretary of State

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06262006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000004675					
1. Entity Name FRA ENGINEERING, INC.					
Principal Place of Business 260 PEACHTREE STREET SUITE 900 ATLANTA, GA 30303		Mailing Address 260 PEACHTREE STREET SUITE 900 ATLANTA, GA 30303			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 20-0039975	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
COLLINS, J. DEAN 1104 SIGNATURE DRIVE SUN CITY, FL 33573		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINT, JOHN L PE		NAME	Flint, John L PE	
STREET ADDRESS	7251 GOY ROAD		STREET ADDRESS	240 Quirks Run Road	
CITY - ST - ZIP	LIVONIA, NY 14487		CITY - ST - ZIP	Harrodsburg, KY 40330	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADLEY, ROBERT J PE		NAME		
STREET ADDRESS	23 ALLANVIEW DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BATAVIA, NY 14020		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, J. DEAN PE		NAME		
STREET ADDRESS	1270 MAYFIELD MANOR DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ALPHARETTA, GA 30004		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby 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 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: <u>J. Dean Collin</u>		6/30/06		404.841.7066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	