


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90152 037 ***158.75

DOCUMENT # P02000122950

1. Entity Name
SATELLITE ELECTRONICS ENGINEERING, INC.



Principal Place of Business Mailing Address

531 MAJORCA CT **531 MAJORCA CT**
SATELLITE BEACH, FL 32937 **SATELLITE BEACH, FL 32937**

2. Principal Place of Business 3. Mailing Address

4892 Outlook Dr. **4892 Outlook Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Melbourne, FL **Melbourne, FL**

Zip Country Zip Country

32940 **USA** **32940** **USA**

04062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

05-0540340 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

FLAVIN, MARY A
531 MAJORCA CT
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name: **FLAVIN, MARY A**

Street Address (P.O. Box Number is Not Acceptable):
4892 Outlook Dr

City: **Melbourne** State: **FL** Zip Code: **32940**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	FLAVIN, MARY A	
STREET ADDRESS	531 MAJORCA CT	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAVIN, MARY A.	
STREET ADDRESS	4892 Outlook Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: *Mary A. Flavin*
Mary A. FLAVIN *6 Apr 2005* *321-752-9480*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #