


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000122950  
 1. Entity Name  
 SATELLITE ELECTRONICS ENGINEERING, INC.



Principal Place of Business      Mailing Address  
 4892 OUTLOOK DR                      4892 OUTLOOK DR  
 MELBOURNE, FL 32940                  MELBOURNE, FL 32940

**DO NOT WRITE IN THIS SPACE**



02192007    No Chg-P    CR2E034 (11/05)

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  
 4892 OUTLOOK DR  
 MELBOURNE, FL 32940

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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
NAME	FLAVIN, MARY A
STREET ADDRESS	4892 OUTLOOK DDR
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000643713  
 03/02/07-80013-015 158.75

**DO NOT WRITE IN THIS SPACE**

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: *Mary A. Flavin*  
 MARY A. FLAVIN      Feb 19, 2007      321-752-9480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #