


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000077587 1. Entity Name UNROE ENGINEERING, INC.	
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FILED

06 MAY 10 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4017 ORKNEY AVENUE ORLANDO, FL 32809	Mailing Address 4017 ORKNEY AVENUE ORLANDO, FL 32809
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2. Principal Place of Business 5728 Major Blvd #265	3. Mailing Address 5728 Major Blvd #265
Suite, Apt. #, etc. # 265	Suite, Apt. #, etc. # 265

03202006 Chg-P CR2E034 (11/05)

City & State Orlando, FL	City & State Orlando, FL
Zip 32819	Zip 32819
Country USA	Country USA

4. FEI Number 20-2357044	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNROE, DARCY P 4017 ORKNEY AVENUE ORLANDO, FL 32809
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 20px;"> FL </div> Zip Code
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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: **03/20/06**

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 200075045492 05/23/06--01006--005 **\$61.25
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete UNROE, DARCY P STREET ADDRESS 7500 PACIFIC HEIGHTS CIR. CITY-ST-ZIP ORLANDO, FL 32835
TITLE	T <input checked="" type="checkbox"/> Delete UNROE, DENIS R STREET ADDRESS 4017 ORKNEY AVENUE CITY-ST-ZIP ORLANDO, FL 32809
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **03/20/06**

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