2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000148545

1. Entity Name

ENGINEERED ENERGY EQUIPMENT, INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2810 SECURITY LANE LAKELAND, FL 33803

2810 SECURITY LANE LAKELAND, FL 33803

	01312007	No Chg-P	CR2E034 (11/05)
O NOT WRITE IN THIS SPACE			

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H 925 SOUTH FLORIDA AVE. LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
0.	Signature, typed or printed name of registered agent and title i	if applicable. (NOTE. R	legistered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	~ —	\$5.00 May Be Added to Fees	U00000741839 05/15/07-80041-004 150.00
10.	OFFICERS AND DIREC	CTORS		······································	,
NAME STREET ADDRESS CITY-ST-ZIP	DVP KELLER, HUBBLE C 2810 SECURITY LANE LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARREN, RICHARD K 2810 SECURITY LANE LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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.

SIGNAT	URE:
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e

Daytime Phone #