2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P22243

1. Entity Name

VAUGHN & MELTON CONSULTING ENGINEERS (KENTUCKY), INC.



FILED Feb 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

109 S 24TH STREET

MIDDLEBORO, KY 40965-1515 US

P.O. BOX 1425

MIDDLESBORO, KY 40965-3225 US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0663508 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

606-148-6600

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Personal Section Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, RANDOLPH J 109 SO 24TH ST MIDDLESBORO, KY 40965					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNEIDER, JOHN K 109 S 24 ST MIDDLESBORO, KY 40965				######################################	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNSMA, MITCHEL 109 S 24TH ST. MIDDLESBORO, KY 40965			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, ROBERT W. 109 S. 24TH STREET MIDDLESBORO, KY	;		IN T	THIS SPACE	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, LEWIS N. 1095 24TH STREET MIDDLESBORO, KY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
12. I hereby of indicated of the conchanged.	perlify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exen and accurate and that my signature to execute this report as require other like empowered.	nptions con re shall hav d by Chapt	itained in Chapter 119 e the same legal effecter 607, Florida Statute	9, Florida Statutes. I further certify the ct as if made under oath; that I am an es; and that my name appears in Bloo	at the information officer or director ok 10 or Block 11 if