2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
05-09-2005 90298 035 ***150.00

DOCUMENT # P96000050917

1. Entity Name
COMPREHENSIVE ENGINEERING, INC.

66022661

Principal Place of Business	Mailing Address
1725 NE 16 TERR. FORT LAUDERDALE, FL 33305	237 OLD MARSHALL HWY ASHEVILLE, NC 28804

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
437 Old Marshall Hwy Suite, Apt. #, etc.	437 Old Marshall Hwy Suite, Apt. #, etc.
City & State: Asheville, N.C.	City & State: Asheville, N.C.
Zip: 28804 Country: USA	Zip: 28804 Country: USA

4. FEI Number: 65-0676853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OPTEKAR, MICHAEL J. ~~1068 NW 53 ST~~ 1110 N.W.44 St. FORT LAUDERDALE, FL 33309	Name: Optekar Michael J. Street Address (P.O. Box Number is Not Acceptable) 1110 N.W.44St. Ft. Lauderdale, Fl. 33309 FL Zip Code 28804

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: Michael J Optekar DATE: 5/6/05
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstated)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST OPTEKAR, MICHAEL J. 1068 NW 53 ST FORT LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Optekar, Michael J. 437 Old Marshall Hwy ~~Asheville, N.C.~~
		☐ Change ☐ Addition		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: Michael J Optekar 5/6/05 954-258-4875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #