2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67577

FILED Feb 04, 2005 Secretary of State

Entity Name: SIMS WILKERSON ENGINEERING, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	VELL BRANCH	H ROAD		
SUITE A- WINTER	1 PARK, FL 327	891170 US		
Current Mailing Address:		New Mailing Address:		
1555 HOV	WELL BRANCH	H ROAD		
SUITE A- WINTER	1 PARK, FL 327	891170 US		
FEI Numbe	r: 65-0281509	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
1631 THC OVIEDO, The above		JS	purpose of changing its registered	d office or registered agent, or both,
1631 THC OVIEDO, The above in the Stat	DRNHILL CIRLO FL 32765 L e named entity te of Florida.	JS	purpose of changing its registered	d office or registered agent, or both,
1631 THC OVIEDO, The above	DRNHILL CIRLO FL 32765 L e named entity te of Florida. JRE:	JS		d office or registered agent, or both, Date
1631 THC OVIEDO, The above in the State SIGNATU	PRNHILL CIRLO FL 32765 L e named entity te of Florida. JRE: Electror	JS submits this statement for the		
1631 THC OVIEDO, The above in the Stat SIGNATU	PRNHILL CIRLO FL 32765 L e named entity te of Florida. JRE: Electror	Submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	pent	
1631 THC OVIEDO, The above in the Stat SIGNATU	PRNHILL CIRLO FL 32765 L e named entity te of Florida. JRE: Electron ampaign Financin	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete ID W., LANE	pent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. WILKERSON STD 02/04/2005