

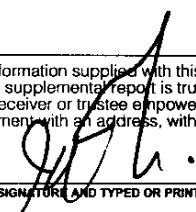


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90013 035 ***150.00

DOCUMENT # V57571 1. Entity Name JOSEPH T. FRISCIA, P.E., INC.					
Principal Place of Business 681 SW WHITMORE DR PORT ST LUCIE, FL 34984 US			Mailing Address 681 SW WHITMORE DR PORT ST LUCIE, FL 34984 US		
2. Principal Place of Business - No P.O. Box # 459 NW Prima Vista Blvd		3. Mailing Address 459 NW Prima Vista Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02052007 Chg-P CR2E034 (12/06)	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 65-0358476	
Zip 34983		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRISCIA, JOSEPH T. 681 SW WHITMORE DR PORT ST LUCIE, FL 34984			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 459 NW Prima Vista Blvd City Port St. Lucie, FL Zip Code 34983		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FRISCIA, JOSEPH T. 681 SW WHITMORE PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	459 NW Prima Vista Blvd. Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRISCIA, JOSEPH T. 681 SW WHITMORE SR PORT ST LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	459 NW Prima Vista Blvd. Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 			2/20/07		772-340-4990
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>