FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State P01000052831 DOCUMENT # 1. Entity Name 04-30-2002 90183 025 ***150.00 ENGINEERING DESIGN RESOURCES, CORP. Mailing Address Principal Place of Business 15204 TILWOOD PL 15204 TILWOOD PL **TAMPA FL 33618** TAMPA FL 33618 2. Principal Place of Business 3111 Dr. ML FING BLVD. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 100 Applied For City & State 4. FEI Number City & State 59-37381/3 Not Applicable ampa Country \$8.75 Additional Zip ^{Zip}33607 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOROUGHI, MASOUD Street Address (P.O. Box Number is Not Acceptable) 15204 TILWOOD PL TAMPA FL 336181 Zip Code City FL 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete TITLE FOROUGHI, Masoud NAME NAME 15204 Tilwood Pl. STREET ADDRESS STREET ADDRESS Tampa, Fl. 33618 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Foroughi Robert 15204 Tilwood Pl. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Tampa, Fl. 33618 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Foroughi Sonia ☐ Delete TITLE NAME 15204 Tilwood Pl. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing des 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 11 or Block 12 if changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGN

Masoud Foroughi, President 4/15/02