


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90354 001 ***158.75

DOCUMENT # 398388	
1. Entity Name PENINSULA DESIGN AND ENGINEERING, INC.	

Principal Place of Business 217 HOBBS STREET SUITE 101 TAMPA, FL 33619	Mailing Address 217 HOBBS STREET SUITE 101 TAMPA, FL 33619
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2. Principal Place of Business 3920 PREMIER NORTH DR.	3. Mailing Address 3920 PREMIER NORTH DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State TAMPA FL	City & State TAMPA FL
Zip 33618	Zip 33618
Country USA	Country USA

4. FEI Number 59-1374847	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ED SAVITZ 220 S. FRANKLIN ST. TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	WELLS, BRIAN
STREET ADDRESS	217 HOBBS ST STE 101
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	PT <input type="checkbox"/> Delete
NAME	WHITMAN, ROBERT L
STREET ADDRESS	217 HOBBS ST, STE. 101
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	AS <input type="checkbox"/> Delete
NAME	RUTLAND, MARGARET P
STREET ADDRESS	217 HOBBS ST, STE. 101
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, BRIAN
STREET ADDRESS	3920 PREMIER NORTH DRIVE
CITY - ST - ZIP	TAMPA FL 33618
TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, ROBERT L
STREET ADDRESS	3920 PREMIER NORTH DRIVE
CITY - ST - ZIP	TAMPA FL 33618
TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLAND, MARGARET P
STREET ADDRESS	3920 PREMIER NORTH DRIVE
CITY - ST - ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **ROBERT L. WHITMAN JR.** **4/25/05 813 514.428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #