

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72454

FILED
Jul 03, 2006
Secretary of State

Entity Name: GEOSYNTEC CONSULTANTS, INC.

Current Principal Place of Business:

5901 BROKEN SOUND PKWY
SUITE 300
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

5901 BROKEN SOUND PKWY
SUITE 300
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2355134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEEL, THOMAS A
5901 BROKEN SOUND PARKWAY, NW
SUITE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: SANGLERAT, THIERRY D VP
Address: 339 CANAL ST.
City-St-Zip: NEWPORT BEACH, CA

Title: DT () Delete
Name: DAVIES, R. NEIL
Address: 1255 ROBERTS BLVD, NW, SUITE 200
City-St-Zip: KENNESAW, GA 30144

Title: C () Delete
Name: LUCIA, PATRICK
Address: 1112 KAITLIN PLACE
City-St-Zip: CONCORD, CA 94518

Title: P () Delete
Name: BONAPARTE, RUDOLPH,
Address: 3861 BYRNWYCK PLACE
City-St-Zip: ATLANTA, GA 30319

Title: VP () Delete
Name: BEECH, JOHN F
Address: 3975 CHESSON CT
City-St-Zip: ATLANTA, GA

Title: SD () Delete
Name: PEEL, THOMAS A
Address: 7391 NE 8TH COURT
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS A. PEEL, PH.D.

SD

07/03/2006

Electronic Signature of Signing Officer or Director

Date