I hereby 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 all other like empowered.

SIGNATURE: JOSEPH T. FRISCIA

Electronic Signature of Signing Officer/Director Detail

Entity Name: JOSEPH T. FRISCIA, P.E., INC. **Current Principal Place of Business:**

459 NW PRIMA VISTA BLVD PORT SAINT LUCIE. FL 34983

DOCUMENT# V57571

Current Mailing Address:

459 NW PRIMA VISTA BLVD PORT SAINT LUCIE. FL 34983

FEI Number: 65-0358476

Name and Address of Current Registered Agent:

FRISCIA, JOSEPH T 459 NW PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34983 US

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

Officer/Director Detail :

Title	PRES	Title	S/T
Name	FRISCIA, JOSEPH T.	Name	FRISCIA, JOSEPH T.
Address	459 NW PRIMA VISTA BLVD.	Address	459 NW PRIMA VISTA BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34983	City-State-Zip:	PORT SAINT LUCIE FL 34983

PRESIDENT

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2014 Secretary of State CC7498890931

FILED

Certificate of Status Desired: No

04/23/2014

Date

Date