2310 E. PONDI CAMARILLO, (	EROSA DRIVE, #1 CA 93010			
Current Mai	ling Address:			
PO BOX 126 CAMARILLO	63 D, CA 93011-1263			
FEI Number: 77-0113181		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent	t:		
INCORP SERV 17888 67TH CO LOXAHATCHE				
The above name	d entity submits this statement for the purpose of change	aina its registered office or regis	torod agont or both in the State of L	_, .,
SIGNATURE: MICHELE SAENZ			lered agent, or both, in the State of I	-lorida.
SIGNATURE		ging its registered once of regis	lered agent, of boun, in the State of t	-lorida. 02/20/2014
SIGNATURE			ered agent, or bour, in the State of t	
SIGNATURE Officer/Dire	E: MICHELE SAENZ Electronic Signature of Registered Agent		ered agent, or bour, in the State of t	02/20/2014
	E: MICHELE SAENZ Electronic Signature of Registered Agent	Title	V	02/20/2014
Officer/Dire	E: MICHELE SAENZ Electronic Signature of Registered Agent Ctor Detail :			02/20/2014
<b>Officer/Dire</b> Title	E: MICHELE SAENZ Electronic Signature of Registered Agent Ctor Detail : PCST	Title	V	02/20/2014
<b>Officer/Dire</b> Title Name	E: MICHELE SAENZ Electronic Signature of Registered Agent Ctor Detail : PCST DE MONSABERT, SHARON 5006 FLINT ROCK CT.	Title Name	V LEMMER, HERMANUS 6281 OLGA CT.	02/20/2014
<b>Officer/Dire</b> Title Name Address	E: MICHELE SAENZ Electronic Signature of Registered Agent Ctor Detail : PCST DE MONSABERT, SHARON 5006 FLINT ROCK CT.	Title Name Address	V LEMMER, HERMANUS 6281 OLGA CT.	02/20/2014
<b>Officer/Dire</b> Title Name Address	E: MICHELE SAENZ Electronic Signature of Registered Agent Ctor Detail : PCST DE MONSABERT, SHARON 5006 FLINT ROCK CT.	Title Name Address	V LEMMER, HERMANUS 6281 OLGA CT.	02/20/2014
<b>Officer/Dire</b> Title Name Address	E: MICHELE SAENZ Electronic Signature of Registered Agent Ctor Detail : PCST DE MONSABERT, SHARON 5006 FLINT ROCK CT.	Title Name Address	V LEMMER, HERMANUS 6281 OLGA CT.	02/20/2014

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: SHARON DEMONSABERT

PRESIDENT

02/20/2014

Electronic Signature of Signing Officer/Director Detail

## Entity Name: APPLIED ENGINEERING MANAGEMENT CORPORATION

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

FILED Feb 20, 2014 Secretary of State CC9605484466

Date