2006 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** May 01, 2006 08:00 AN Secretary of State DOCUMENT # 223215 1. Entity Name PAN AMERICAN ENGINEERING CO. Principal Place of Business Mailing Address 825 8 ST PO BX 877 VERO BEACH, FL 32961 US VERO BEACH, FL 32961 No Cha-P CR2E034 (11/05) 04262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0878078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEVENS.WELLINGTON II DO NOT WRITE 825 8TH STREET VERO BEACH, FL 32961-0877 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME STEVENS, WELLINGTON II 825 8TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL TITLE U00000556833 U5/17/06-80025-009 150.00 STEVENS, WELLINGTON III MAAAF STREET ADDRESS 825 8TH STREET VERO BEACH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY - ST-ZIP

ING OFFICER OR DIRECTOR

IN THIS SPACE