


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90018 029 ***150.00


DOCUMENT # 250609 1. Entity Name OSBORN CONSTRUCTION ENGINEERS INC	
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Principal Place of Business 150 N.W. 68 ST. FT LAUDERDALE, FL 33309	Mailing Address 150 N.W. 68 ST. FT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # 3081 East Commercial Blvd. Suite, Apt. #, etc.	3. Mailing Address 3081 East Commercial Blvd. Suite, Apt. #, etc.
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL		
Zip 33308	Country	Zip 33308	Country

9012



04272007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0941049	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COX, ANNE O.
150 N W 68 ST
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
D.K. Mink
 Street Address (P.O. Box Number is Not Acceptable)
3081 East Commercial Blvd.
 City
Fort Lauderdale, FL Zip Code
33308

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 *D.K. Mink* **D.K. Mink** April 27, 2007 **April 27, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE	PD COX, ANNE O. 150 N.W. 68 ST. FORT LAUDERDALE, FL	<input checked="" type="checkbox"/>
TITLE	STD BATES, SALLYE O. 150 NW 68TH STREET FORT LAUDERDALE, FL	<input checked="" type="checkbox"/>
TITLE	VPD COX, PEGGY J. 150 NW 68TH ST FORT LAUDERDALE, FL	<input checked="" type="checkbox"/>
TITLE	AS WRIGHT, SHERI C 150 NW 68TH ST FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD MINK, D.K. 3081 East Commercial Blvd. Fort Lauderdale, FL 33308	<input type="checkbox"/> <input checked="" type="checkbox"/>
TITLE	D Livingston, Donna 3081 East Commercial Blvd. Fort Lauderdale, FL 33308	<input type="checkbox"/> <input checked="" type="checkbox"/>
TITLE	SD Shulmister, M. Ross 590 SE 12 Street Pompano Beach, FL 33060	<input type="checkbox"/> <input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/> <input type="checkbox"/>
TITLE		<input type="checkbox"/> <input type="checkbox"/>

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.

SIGNATURE: *M. Ross Shulmister* **M. Ross Shulmister** April 27, 2007 **April 27, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #