

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

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DOCUMENT # 269050					
1. Entity Name ALLEN ENGINEERING, INC.					
Principal Place of Business 106 DIXIE LANE COCOA BEACH, FL 32931		Mailing Address 106 DIXIE LANE COCOA BEACH, FL 32931 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1024345	Applied For Not Applicable
6. Name and Address of Current Registered Agent ALLEN, JOHN M 210 BIMINI RD COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, JOHN M		NAME		
STREET ADDRESS	210 BIMINI RD		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, MICHAEL S.		NAME		
STREET ADDRESS	190 COVE LOOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, DIANE T		NAME		
STREET ADDRESS	210 BIMINI RD		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORCZYNSKI, THOMAS		NAME		
STREET ADDRESS	3480 FAN PALM BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MICHAEL J. MADONNA, JR.	
STREET ADDRESS			STREET ADDRESS	1327 ENCLAVE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE:		JOHN M ALLEN PRESIDENT		1/27/06 (321) 783-7443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	