


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 400288</b> 1. Entity Name <b>ENGINEERED INVESTMENTS, INC.</b>	
---	---

Principal Place of Business <b>809 PROGRESSO DRIVE</b> <b>FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>809 PROGRESSO DRIVE</b> <b>FT. LAUDERDALE, FL 33304</b>
--	--



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1404990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MACDONALD, J RICHARD**  
**3020 NE 41ST ST**  
**FT LAUDERDALE, FL**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MACDONALD, J RICHARD 3020 N.E. 41ST STREET FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKAY, JOHN 20810 SONETO DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEARON, GREGORY 12943 HYLAND CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, ROBERT L 1801 NW 40 ST FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKAY, TERRY S 20810 SONETO DR. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000539187  
 05/09/06-80090-017 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 4/25/06 Daytime Phone # 954-763-5300