2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 426855

Address:

City-St-Zip:

20 HARRISON

TRENTON, MI 45183

Entity Name: MIORELLI ENGINEERING, INC.

FILED Jan 17, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
7607 COR W. MELBO	AL DR. DURNE, FL 329048197			
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
7607 COR W. MELBO	RAL DR. DURNE, FL 329048197			
FEI Number	: 59-1465087 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Agent	:: Name and Address of	of New Registered Agent:	
	, LUKE RAL DRIVE DURNE, FL 32904 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MIORELLI, LUKE, 4695 N. HARBOR CITY BLVD MELBOURNE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete NEAL, LISA M., 2623 WHITE OAK DRIVE TITUSVILLE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MIORELLI, HELEN M., 417 BLAKELY BLVD COCOA BEACH, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete MIORELLI, MARK	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LISA M. NEAL TREA 01/17/2006