


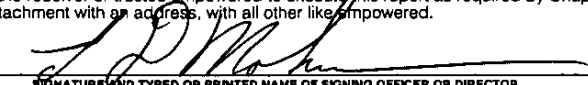


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90057 001 ***300.00

DOCUMENT # 558355 1. Entity Name HANDLING SYSTEMS ENGINEERING, INC.					
Principal Place of Business 3000 WEST 45TH ST. JACKSONVILLE, FL 32209			Mailing Address PO BOX 12547 JACKSONVILLE, FL 32209 c/o Leroy D. Mohrman		
2. Principal Place of Business 8987 Tanque Verde Suite, Apt. #, etc. 309-382 City & State Tucson, AZ Zip 85749		3. Mailing Address 8987 Tanque Verde Suite, Apt. #, etc. 309-382 City & State Tucson, AZ Zip 85749		66023973 	
Country USA		Country USA		4. FEI Number 59-1801876	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOHRMAN, LEROY D JR 7809 LA SIERRA COURT JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Ennis, Robert W. Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Rd S Bldg 600 City Jacksonville FL Zip Code 32256		
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  ROBERT ENNIS DATE 9/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOHRMAN, ANN S 7809 LA SIERRA COURT JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8987 Tanque Verde 309-382 Tucson, AZ 85749		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		9/3/06 520-760-0055 <small>Date Daytime Phone #</small>			

L. D. Mohrman