

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628559

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: CRAIN ENGINEERING COMPANY, INC.

**Current Principal Place of Business:**

3600 PARK CENTRAL BLVD., NORTH  
STE. 3635  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

3600 PARK CENTRAL BLVD., NORTH  
STE. 3635  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

FEI Number: 59-1981577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DANIELS, RICHARD  
3300 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: PETROCELLI, GEORGE M  
Address: 2361 NW 30TH ST  
City-St-Zip: BOCA RATON, FL 33431

Title: VT ( ) Delete  
Name: MCVAY, JOSEPH K  
Address: 3225 CRAYTON RD  
City-St-Zip: NAPLES, FL 34102

Title: V ( ) Delete  
Name: ORBEGOZO, ALFRED E  
Address: 11601 NW 21ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: GEORGE M. PETROCELLI

PS

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date