


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

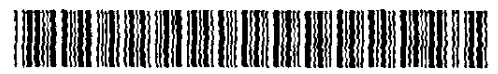
FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 638195
1. Entity Name
BCI ENGINEERS & SCIENTISTS, INC.



Principal Place of Business Mailing Address
**2000 E EDGEWOOD DR
SUITE 215
LAKELAND, FL 33803 US** **P O BOX 5467
LAKELAND, FL 33807 US**

DO NOT WRITE IN THIS SPACE



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1938287 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VINING, C. GEOFFREY P.A.
129 S KENTUCKY AVE
STE 702
LAKELAND, FL 33801**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

110101536505
05/08/06-80097-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PDS |
| NAME | POWERS, RICHARD M |
| STREET ADDRESS | 6003 IRBY LANE WEST |
| CITY-ST-ZIP | LAKELAND, FL 33811 |
| TITLE | VT |
| NAME | LEE, WENDY A |
| STREET ADDRESS | 2117 EDGEWATER CIRCLE |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 |
| TITLE | D |
| NAME | BROMWELL, LESLIE |
| STREET ADDRESS | 505 TULIP LANE |
| CITY-ST-ZIP | VERO BEACH, FL 32983 |
| TITLE | V |
| NAME | REIGNER, WALTER R |
| STREET ADDRESS | 4281 SWINDELL ROAD |
| CITY-ST-ZIP | LAKELAND, FL 33810 |
| TITLE | V |
| NAME | JARRAH, LAURIE |
| STREET ADDRESS | 5444 HIGHLANDS VUE LANE |
| CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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: Wendy A Lee, CFO Date: 4-24-06 Original Phone #: 803-467-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR