

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90046 032 \*\*\*150.00

<b>DOCUMENT # F0000003055</b>	
1. Entity Name <b>CAROLLO ENGINEERS, A PROFESSIONAL CORPORATION</b>	

Principal Place of Business <b>3033 N. 44TH ST. SUITE 101 PHOENIX, AZ 85108</b>	Mailing Address <b>10540 TALBERT AVE. STE 200 EAST FOUNTAIN VALLEY, CA 92708</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number <b>86-0899222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>	
<b>CUSHING, ROBERT S 401 N CATTLEMEN RD SUITE 306 SARASOTA, FL 34232</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOOST, RONALD D</b>		NAME <b>Eimstad, Robert B.</b>	
STREET ADDRESS <b>3033 N. 44TH ST, #101</b>		STREET ADDRESS <b>4380 SW MacAdam Ave., Ste. 350</b>	
CITY-ST-ZIP <b>PHOENIX, AZ 85018</b>		CITY-ST-ZIP <b>Portland, OR 97239-6406</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STUTZ-MCDONALD, SUSAN</b>		NAME	
STREET ADDRESS <b>2700 YGNACIO VALLEY ROAD #300</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WALNUT CREEK, CA 94598</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEIS, GARY C</b>		NAME	
STREET ADDRESS <b>2700 YGNACIO VALLEY RD, STE 300</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WALNUT CREEK, CA 94598</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOUGH, STEPHEN G</b>		NAME <b>Hough, Stephen G.</b>	
STREET ADDRESS <b>3100 S HARBOR BLVD #200</b>		STREET ADDRESS <b>10540 Talbert Ave., Ste. 200 East</b>	
CITY-ST-ZIP <b>SANTA ANA, CA 92704</b>		CITY-ST-ZIP <b>Fountain Valley, CA 92708</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PUZAUSKAS JR, JOHN S</b>		NAME	
STREET ADDRESS <b>3033 N 44TH STREET #101</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PHOENIX, AZ 85018</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEMIR, JAMEL</b>		NAME	
STREET ADDRESS <b>2700 YGNACIO VALLEY ROAD #300</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WALNUT CREEK, CA 94598</b>		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

**SIGNATURE:**  **Stephen G. Hough** 2/10/05 (714) 593-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #