


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90036 008 \*\*\*158.75

**DOCUMENT # F00000003055**

1. Entity Name  
**CAROLLO ENGINEERS, A PROFESSIONAL CORPORATION**



Principal Place of Business  
**3033 N. 44TH ST.  
 STE. 101  
 PHOENIX, AZ 85108**

Mailing Address  
**10540 TALBERT AVE.  
 STE 200 EAST  
 FOUNTAIN VALLEY, CA 92708**

40017000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01312007 Chg-P CR2E034 (12/06)

4. FEI Number  
**86-0899222**

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

6. Name and Address of Current Registered Agent  
**CUSHING, ROBERT S  
 401 N CATTLEMEN RD  
 SUITE 306  
 SARASOTA, FL 34232**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EIMSTAD, ROBERT B</b> <b>4380 SOUTHWEST MACADAM AVENUE STE 350</b> <b>PORTLAND, OR 972396406</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DEMIR, JAMEL</b> <b>2700 YGNACIO VALLEY ROAD #300</b> <b>WALNUT CREEK, CA 94598</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DEIS, GARY C</b> <b>2700 YGNACIO VALLEY RD, STE 300</b> <b>WALNUT CREEK, CA 94598</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOUGH, STEPHEN G</b> <b>10540 TALBERT AVENUE SUITE 200 EAST</b> <b>FOUNTAIN VALLEY, CA 92708</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WHEADON, RICK D</b> <b>1265 FORT UNION BLVD. STE. 200</b> <b>MIDVALE, UT 84047</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NARAYANAN, BALAKRISHNAN</b> <b>2700 YGNACIO VALLEY ROAD #300</b> <b>WALNUT CREEK, CA 94598</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:  **Stephen G. Hough** **2/4/07** **(714) 593-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #