
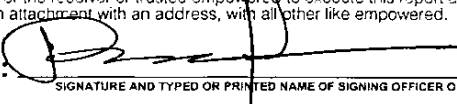


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90080 007 ***158.75

DOCUMENT # F00000006557 1. Entity Name ENGINEERING MANAGEMENT CONCEPTS, INC.					
Principal Place of Business 295 WILLIS AVENUE, SUITE B CAMARILLO, CA 93010			Mailing Address 3475 E. FOOTHILL BLVD. PASADENA, CA 91107		
2. Principal Place of Business - No P.O. Box # 5051 Verdugo Way		3. Mailing Address Suite, Apt. #, etc. Suite 200			
City & State Camarillo, CA		City & State Pasadena, CA			
Zip 93012		Country Ventura		4. FEI Number 77-0033166	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Apply For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HAUN, PATRICK D STREET ADDRESS 295 WILLIS AVENUE, SUITE B CITY-ST-ZIP CAMARILLO, CA 93010	<input checked="" type="checkbox"/> Delete		TITLE P NAME Haun, Patrick D STREET ADDRESS 5051 Verdugo Way, Suite 200 CITY-ST-ZIP Camarillo, CA 93012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME GARDNER, KRISTINE STREET ADDRESS 295 WILLIS AVENUE, SUITE B CITY-ST-ZIP CAMARILLO, CA 93010	<input checked="" type="checkbox"/> Delete		TITLE AS NAME Gardner, Kristine M STREET ADDRESS 5051 Verdugo Way, Suite 200 CITY-ST-ZIP Camarillo, CA 93012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME GALAN, AMY STREET ADDRESS 295 WILLIS AVENUE, SUITE B CITY-ST-ZIP CAMARILLO, CA 93010	<input checked="" type="checkbox"/> Delete		TITLE AT NAME Galan, Amy M STREET ADDRESS 5051 Verdugo Way, Suite 200 CITY-ST-ZIP Camarillo, CA 93012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VDCE NAME BOX, SAM W STREET ADDRESS 3475 E FOOTHILL BLVD CITY-ST-ZIP PASADENA, CA 91107	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KING, DAVID STREET ADDRESS 3475 E FOOTHILL BLVD CITY-ST-ZIP PASADENA, CA 91107	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LEMMON, RICHARD STREET ADDRESS 3475 E FOOTHILL BLVD CITY-ST-ZIP PASADENA, CA 91107	<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 it 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: 			1/17/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		