2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: -

FILED Sep 10, 2007 8:00 am Secretary of State

205 733 6912

Daytimo Phone ▼

DOCUMENT # F0100000807 1. Entity Name PINNACLE ENGINEERING, INC.					09-10-2007	90002 012	***55	0.00	
Principal Place of Business 2100 RIVERCHASE CENTER, STE 218 BIRMINGHAM, AL 35244		Mailing Address 2100 RIVERCHASE CENTER, STE 218 BIRMINGHAM, AL 35244				11 28 114 88211 8818 1	1(1) - 1 (4 (14		
2111 F	Place of Business - No P.O. Box # PARKWAY OFFICE CIRC	Office Circ	_ ⊒Æ						
Suite, Apt. #, etc. SUITE 125		Suite, Apt. #, etc. SUITE 125		07242007	Chg-P	CR2E034	(12/06)		
City & State BIRMINGHAM AL		City & State BIRMINGHAM, AL		4. FEI Numb			<u> </u>	plied For t Applicable	
35244 Country 5HELBY		•	Country SHELBY		of Status Desired		. 75 Add Required		
	6. Name and Address of Current i		7. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY			Name						
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address	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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Tiped or printed name of significant and its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both agent									
Due by September 14, 2007 9. Election Campaign Financi Trust Fund Contribution.				5.00 May Be ided to Fees					
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	CINGORANELLI, D. JIM 376 LANE PARK TRAIL BIRMINGHAM, AL 35114	☐ Delete	TITLE NAME SIREET ADDRESS CITY- ST- ZIP			Li	Change	Addition	
THLE	CD	Delete	TITLE		-		Change	Addition	
NAME STREET ADDRESS	REDDINGTON, MICHAEL J 3101 HUNTINGTON WAY		NAME STREET AUDRESS						
CITY-ST-ZIP	BIRMINGHAM, AL 35216		CITY-S1-ZIP				1.00	ET LINE	
NAME STREET ADDRESS CHY-S1-ZIP	V HOGLAND, JAMES M 2205 IVY TRACE VESTAVIA HILLS, AL 35243	☐ Delete	TITLE NAME STRELT ADDRESS CITY-ST-ZIP			Ļ] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP) Change	Addition	
TITLE		☐ Delete	TITLE		,) Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-SI-ZIP] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IRLE NAME STREET ADDRESS CITY-ST-ZIP) Criange	Audition	
12. I hereby certify that the information supplied with this filling 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. I will all other like empowered.									

ME OF SIGNING OFFICER OR DIRECTOR