

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006400

FILED  
Jun 20, 2009  
Secretary of State

Entity Name: ASSOCIATED COST ENGINEERS, INC. OF DELAWARE

**Current Principal Place of Business:**

2715 WEST FAIRBANKS  
SUITE 201  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2715 WEST FAIRBANKS AVENUE  
SUITE 201  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 52-2333771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, JAJA  
2715 WEST FAIRBANKS AVENUE  
SUITE 201  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: WADE, JAJA  
Address: 2715 WEST FAIRBANKS AVENUE SUITE 201  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SMITH, GREG  
Address: 2715 WEST FAIRBANKS AVENUE SUITE 201  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAJA WADE

PRES

06/20/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date