

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004645

1. Entity Name
ENGBERG ANDERSON DESIGN PARTNERSHIP, INC.



Principal Place of Business
**611 N. BROADWAY, SUITE 517
MILWAUKEE, WI 53202**

Mailing Address
**611 N. BROADWAY, SUITE 517
MILWAUKEE, WI 53202**



01172006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1601532 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENGBERG, CHARLES M
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	V
NAME	SMITH, SCOTT M
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	V
NAME	ERNST, MARK R
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	V
NAME	HUBERTY, JOSEPH M
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	S
NAME	WILLIAMS, WILLIAM W
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	T
NAME	ANDERSON, KEITH R
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202

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02/03/06-80027-005 158.75

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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: Scott M. Smith SCOTT M. SMITH, VICE-PRESIDENT 1/25/06 914-944-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #