

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000004645 1. Entity Name ENGBERG ANDERSON DESIGN PARTNERSHIP, INC.	
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Principal Place of Business 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202	Mailing Address 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1601532	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGBERG, CHARLES M 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, SCOTT M 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERNST, MARK R 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBERTY, JOSEPH M 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, WILLIAM W 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, KEITH R 611 N. BROADWAY, SUITE 517 MILWAUKEE, WI 53202

**DO NOT WRITE IN THIS SPACE**

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01/24/07-80075-013.158.75

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 1/17/07 414-944-9000

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