

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000005239

1. Entity Name  
PHOENIX ENGINEERING, INC.



Principal Place of Business  
1420 JOH AVENUE, SUITE A  
BALTIMORE, MD 21227

Mailing Address  
1420 JOH AVENUE, SUITE A  
BALTIMORE, MD 21227



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-1645909

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

**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 \_\_\_\_\_

Signature must be printed name of registered agent and must be addressable

(NOTE: Registered Agent's signature must be written on this line)

DATE \_\_\_\_\_

**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 GLUECK, MALINI  
STREET ADDRESS 13207 DULANEY VALLEY ROAD  
CITY-STATE-ZIP GLENARM, MD 21057

TITLE V  
NAME HEINRICHS, JOHN R  
STREET ADDRESS 5124 S. ROLLING ROAD  
CITY-STATE-ZIP RELAY, MD 21227

TITLE S  
NAME MITTAL, ROHINI  
STREET ADDRESS 644 TANGLEWOOD  
CITY-STATE-ZIP SYKESVILLE, MD 21784

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1000000379690  
01/10/06-80033-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Malini Gupta Glueck, President 01/04/06 (410) 247-8833