2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Jan 11, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # F06000002 NGINEERING, INC.	299		01-11-2008 90067 030 ***150.00	
Principal Place of Business 110 ROUTE 110 SUITE 102 HUNTINGTON STA, NY 11746		Mailing Address 1 10 ROUTE 110 SUITE 102- HUNTINGTON STA, NY 11746		\$1100 ros	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			
400 Broadhollow Road, Suite 3 Farmingdale, NY 11735		400 Broadhollow Road, Suite 3 Farmingdale, NY 11735		01062008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For	
Zip	Country	Zip	Country	75-3044987 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY					
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street A	Street Address (P.O. Box Number is Not Acceptable)	
-			City	FL Zip Code	
SIGNATURE_	ions of registered agent. Signature, typed or printed name of registered agent a	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees	
	ay 1, 2008 Fee will be \$550.0				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I GP YALE, ROBERT A 81 PEACHTREE DR EAST NORWICH, NY 11732	Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARNETT, JOSEPH FOUR SHELTER LAND LOCUST VALLEY, NY 11560	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAPPA, CHARLES 463 CLAY PITTS RD EAST POINT, NY 11731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ★ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADY, JR., DENNIS 346 NOTH BOSTON AEN NORTH MASSAPAQUE, NY 117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Operations x Change ☐ Addition Brady, Jr. Dennis 346 North Boston Ave. North Massapequa, NY 11758	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby of indicated of the corchanged,	on this report or symplemental report is poration or the receiver or trusted empo or on an attachment with ah address, w	true and accurate and that we refit to execute this repoil all other like empowered	for the exemptions of my signature shall he tas required by Chad.	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director lapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	