
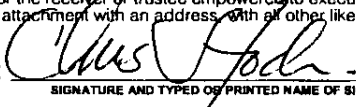


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90040 008 \*\*\*150.00

<b>DOCUMENT # F06000003231</b> 1. Entity Name <b>EASTERN STATES ENGINEERING, INC.</b>					
Principal Place of Business <b>250 GIBRALTAR ROAD HORSHAM, PA 19044</b>			Mailing Address <b>250 GIBRALTAR ROAD HORSHAM, PA 19044</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>23-2432981</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>TOLL, ROBERT I</b> <input checked="" type="checkbox"/> Delete <b>250 GIBRALTAR ROAD</b> <b>HORSHAM, PA 19044</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director &amp; CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Barry Depew</b> <b>250 Gibraltar Road</b> <b>Horsham, PA 19044</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Delete <b>BARZILAY, ZVI</b> <b>250 GIBRALTAR ROAD</b> <b>HORSHAM, PA 19044</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, President &amp; COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Christopher Stocke</b> <b>250 Gibraltar Road</b> <b>Horsham, PA 19044</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input checked="" type="checkbox"/> Delete <b>RASSMAN, JOEL H</b> <b>250 GIBRALTAR ROAD</b> <b>HORSHAM, PA 19044</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP, Sec. &amp; Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Javier Vega</b> <b>21630 Ridgetop Circle</b> <b>Dulles, VA 20166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>SOSINSKI, MICHAEL</b> <b>250 GIBRALTAR ROAD</b> <b>HORSHAM, PA 19044</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas Hendricks</b> <b>250 Gibraltar Road</b> <b>Horsham, PA 19044</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>SNYDER, MICHAEL L</b> <b>250 GIBRALTAR ROAD</b> <b>HORSHAM, PA 19044</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard Lentz</b> <b>250 Gibraltar Road</b> <b>Horsham, PA 19044</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>KNIGHT, DONALD</b> <b>19577 CALADESI DRIVE</b> <b>FORT MYERS, FL 33912</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Byron Rimmer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>250 Gibraltar Road</b> <b>Horsham, PA 19044</b>	
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.					
<b>SIGNATURE:</b> 			<b>Christopher Stocke</b> <b>Director, President &amp; COO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/30/07</b> Daytime Phone #		