2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22258

Address:

City-St-Zip:

WINTER PARK, FL 32789

Entity Name: CPH ENGINEERS, INC.

FILED Jan 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 500 W. FULTON ST. SANFORD, FL 327711220 US **Current Mailing Address: New Mailing Address:** PO BOX 2808 SANFORD, FL 327722808 US FEI Number: 59-2068806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIERACH, DAVID A GIERACH, DAVID A 466 WOLDUNN CIRCLE 3159 TALA LOOP US LONGWOOD, FL 32779 US LAKE MARY, FL 32746 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. SIGNATURE: 01/25/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GIERACH, DAVID A GIERACH, DAVID A Name: Name: 466 WOLDUNN CIR. 3159 TALA LOOP Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LONGWOOD, FL 32779 Title: VD Title: () Delete () Change () Addition Name: HENDRIX, TODD H Name: 29 TERRY CIRCLE Address: Address: ORMOND BEACH, FL A32174 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition SUTCH, PETER-JOHN F Name: Name: 2250 FOLIAGE OAK TERRACE Address: Address: City-St-Zip: OVIEDO, FL 32766 City-St-Zip: Title: () Delete Title: () Change () Addition GARDNER, LÍNDA M., Name: Name: Address: 108 MAPLEWOOD DR. Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: VD () Delete Title: () Change () Addition ZAUDTKE, TERRY M., Name: Name: 157 MILLS RUN DR. Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition KHOSRAVANI, KAMRAN Name: Name: 318 GENIUS DR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address: City-St-Zip:

SIGNATURE: DAVID A. GIERACH	PD	01/25/2006