

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F22258

Entity Name: CPH ENGINEERS, INC.

FILED
Jun 04, 2008
Secretary of State

Current Principal Place of Business:

500 W. FULTON ST.
SANFORD, FL 327711220 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2808
SANFORD, FL 327722808 US

New Mailing Address:

FEI Number: 59-2068806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIERACH, DAVID A
500 WEST FULTON STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIERACH, DAVID A
Address: 3159 TALA LOOP
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: HENDRIX, TODD H
Address: 13690 SW 127TH CT
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: SUTCH, PETER-JOHN F
Address: 2670 REGAL PINE TRAIL
City-St-Zip: OVIEDO, FL 32766

Title: ST () Delete
Name: GARDNER, LINDA M.,
Address: 108 MAPLEWOOD DR.
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: ZAUDTKE, TERRY M.,
Address: 2065 WIGGLY FARMS RD
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: KHOSRAVANI, KAMRAN
Address: 318 GENIUS DR
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: ZAUDTKE, TERRY M.,
Address: 2065 WIGGLY FARMS RD
City-St-Zip: DELTONA, FL 32725

Title: CEO (X) Change () Addition
Name: KHOSRAVANI, KAMRAN
Address: 318 GENIUS DR
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID A. GIERACH

PD

06/04/2008

Electronic Signature of Signing Officer or Director

Date