2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2005 08:00 AM DOCUMENT # F51834 **Secretary of State** 1. Entity Name APPLIED ENGINEERING & EQUIPMENT CO., INC. Principal Place of Business Mailing Address 2702 NW 52 ST. PO BOX 39713 FT LAUDERDALE FL 33309 2702 NW 52 ST. PO BOX 39713 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2141217 Not Applicable Zip Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACKHAM, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 201 NW 52ND COURT FT LAUDERDALE FL 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 Signature, typed or printed name of registered agent and title if appricable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000239873 Change TITLE PD DILL Delete NAME CLANCY, JOHN P NAME n2/23/05-80006-019 150.00 2702 NW 52 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P FT LAUDERDALE FL VD Delete TOTALE ☐ Change ☐ Addition TITLE PACKHAM, DONALD L NAME NAME STREET ADDRESS 201 NW 52ND COURT STREET ADDRESS CITY - ST - ZIP FT LAUDERDALE FL CLTY-ST-ZIP ☐ Change Addition MUL Delete NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY-SI-ZIP ☐ Change Addition 18TE F Delete NAME. NAME STREET ADDRESS STREET ADDRESS CHTY-ST ZIP CITY-ST-ZIP ☐ Delete THUÉ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Days Days Phone #

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