

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005620

FILED
Apr 27, 2007
Secretary of State

Entity Name: MID-SOUTH CONSULTING ENGINEERS, INC.

Current Principal Place of Business:

3901 ROSE LAKE DR.
CHARLOTTE, NC 28217

New Principal Place of Business:

Current Mailing Address:

3901 ROSE LAKE DR
CHARLOTTE, NC 28217 US

New Mailing Address:

FEI Number: 56-0714172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JOEL O
Address: 327 HAWKS MOOR CT
City-St-Zip: CHARLOTTE, NC 28262

Title: VD () Delete
Name: BERRY, SAMUEL C
Address: 4412 MT. OLIVE CHURCH ROAD
City-St-Zip: CHARLOTTE, NC 28278

Title: V () Delete
Name: THAXTON, DENNIS E
Address: 9500 MITCHELL GLEN DRIVE
City-St-Zip: CHARLOTTE, NC 28277

Title: V () Delete
Name: WILLIAMS, GEORGE M
Address: 6416 ROUNDHILL ROAD
City-St-Zip: CHARLOTTE, NC 28211

Title: VDT () Delete
Name: HUNT, DAVID N
Address: 9524 WHIE HEMLOCK LANE
City-St-Zip: CHARLOTTE, NC 28270

Title: S (X) Delete
Name: FOWLER, JOY P
Address: 2703 NEW HAMLIN WAY
City-St-Zip: CHARLOTTE, NC 28210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VDT (X) Change () Addition
Name: HUNT, DAVID N
Address: 9524 WHITE HEMLOCK ALNE
City-St-Zip: CHARLOTTE, NC 28270

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

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

Title: S (X) Change () Addition
Name: FOWLER, JOY P
Address: 2703 NEW HAMLIN WAY
City-St-Zip: CHARLOTTE, NC 2821

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

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: JOEL O WILLIAMS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date