



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90056 046 \*\*\*158.75

<b>DOCUMENT # G09083</b> 1. Entity Name <b>ALLIED ENGINEERING &amp; TESTING, INC.</b>					
Principal Place of Business <b>5850 CORPORATION CIRCLE FT. MYERS, FL 33905 US</b>			Mailing Address <b>5850 CORPORATION CIRCLE FT. MYERS, FL 33905 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40041479</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01282008 Chg-P</span> <span>CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between;"> <div>           4. FEI Number  <b>59-2236460</b> </div> <div>           Applied For  <input type="checkbox"/> Not Applicable         </div> </div> <div>           5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent <b>MCQUEEN, PAULA F 5850 CORPORATION CIRCLE FT MYERS, FL 33905</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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, 2008 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	PTDA MCQUEEN, PAULA F 5850 CORPORATION CIRCLE FT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTARELLI, CALVIN M 230 SW 9 TR CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV ROJAS, RICHARD W 941 21 STREET SW NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'HUYVETTER, PAUL J 104 SEBRING CIR LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, VAY L 2806 CLUBHOUSE DR PLANT CITY, FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BARRIOS, ARLENY 150 BRAEMAR AVE VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <i>Kathleen Nichols</i> <b>Kathleen Nichols</b>				Date <b>1/28/08</b> <b>239-334-6833</b>	

*over*

# ATTACHMENT

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>AS</b> <b>Nichols, Kathleen M</b> <b>2625 SW 1st Place</b> <b>Cape Coral, FL 33914</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>AS</b> <b>Nichols, Kathleen M.</b> <b>1217 NE 7th Place</b> <b>Cape Coral, FL 33909</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** Kathleen Nichols **Kathleen Nichols** **1/28/08** **239-334-6833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #