2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G09083 03-10-2008 90056 046 ***158.75 ALLIÉD ENGINEERING & TESTING, INC. Principal Place of Business Mailing Address 40041479 5850 CORPORATION CIRCLE 5850 CORPORATION CIRCLE FT. MYERS, FL 33905 FT. MYERS, FL 33905 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 01282008 Applied For 4. FFI Number City & State City & State 59-2236460 Not Applicable Country Zin \$8.75 Additional Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCQUEEN, PAULA F Street Address (P.O. Box Number is Not Acceptable) 5850 CORPORATION CIRCLE FT MYERS, FL 33905 Zip Code City FL 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. Signative, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10 Addition PTDA ☐ Delete HILE THE MCQUEEN, PAULA F MARK NAME STREET ADDRESS 5850 CORPORATION CIRCLE STREET ADDRESS CHY-ST-ZIP FT MYERS, FL 33905 CITY-ST-7IP ☐ Change Addition VS ☐ Delete THLE THE SANTARELLI, CALVIN M NAME 230 SW 9 TR STREET ADDRESS STREET ADDRESS CHY-ST-799 CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☐ Addition ΑV TITLE Delete ROJAS, RICHARD W NAME BARAF STREET ADDRESS STREET ADDRESS 941 21 STREET SW CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE D'HUYVETTER, PAUL J NAME NAME 104 SEBRING CIR STREET ADDRESS STREET ADDRESS CHY-ST-ZIP LEHIGH ACRES, FL 33972 CHY-ST-ZIP TITLE Change Addition Delete TITLE SCOTT, VAY L NAME NAME STREET ADORESS 2806 CLUBHOUSE DR STREET ADDRESS CHY ST-ZIP PLANT CITY, FL 33566 CITY- ST- ZIP ___ Addition Change Delete THEF 1111,6 BARRIOS, ARLENY NAME NAME

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.

STREET ADDRESS.

CITY+ST-ZIP

STREET ADDRESS. CITY-ST-7IP

150 BRAEMAR AVE

VENICE, FL 34293

Nichols 1/28/08 Kathleen

FILED Mar 10, 2008 8:00 am

over

ATTACHMENT

40041479 # G09083 page 2

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SIGNATURE: Kather Name Kathleen Vichols 1/28/08 239-334 -6833								
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