

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09083

FILED
Jan 14, 2009
Secretary of State

Entity Name: ALLIED ENGINEERING & TESTING, INC.

Current Principal Place of Business:

5850 CORPORATION CIRCLE
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

5850 CORPORATION CIRCLE
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: 59-2236460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCQUEEN, PAULA F
5850 CORPORATION CIRCLE
FT MYERS, FL 33905 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: PTDA () Delete
Name: MCQUEEN, PAULA F
Address: 5850 CORPORATION CIRCLE
City-St-Zip: FT MYERS, FL 33905 US

Title: VS () Delete
Name: SANTARELLI, CALVIN M
Address: 230 SW 9 TR
City-St-Zip: CAPE CORAL, FL 33991 US

Title: AV () Delete
Name: ROJAS, RICHARD W
Address: 941 21 STREET SW
City-St-Zip: NAPLES, FL 34117 US

Title: V () Delete
Name: D'HUYVETTER, PAUL J
Address: 104 SEBRING CIR
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: V () Delete
Name: SCOTT, VAY L
Address: 2806 CLUBHOUSE DR
City-St-Zip: PLANT CITY, FL 33566

Title: AV () Delete
Name: BARRIOS, ARLENY
Address: 150 BRAEMAR AVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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: KATHLEEN NICHOLS

AS

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date