## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G09083

FILED Jan 14, 2009 Secretary of State

Entity Name: ALLIED ENGINEERING & TESTING, INC.

|  | Principal Place  | of Business:   | New Principal Place  | of Business:                                    |
|--|--|--|--|---|
|  | RPORATION CI   | RCLE<br>US   |  |   |
| I. WITER   | RS, FL 33905   | 03   |  |   |
| urrent N   | Mailing Addres   | s:   | New Mailing Addres   | s:  |
| 850 COF  | RPORATION CI   | RCLE   |  |   |
| T. MYER  | RS, FL 33905   | US   |  |   |
| El Number  | r: 59-2236460  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )  | Certificate of Status Desired (X)               |
| ame and  | d Address of C   | Current Registered Agent:  | Name and Address of  | of New Registered Agent:                        |
| 850 COR  | N, PAULA F<br>RPORATION CII<br>S, FL 33905   | RCLE<br>US   |  |   |
|  | e named entity s<br>te of Florida.   | submits this statement for the   | purpose of changing its registere  | d office or registered agent, or both           |
| GNATU  |  |  |  |   |
|  | Electron   | ic Signature of Registered A   | gent   | Date  |
| ection Ca  | ımpaign Financing  | g Trust Fund Contribution ( ).   |  |   |
| FFICER   | S AND DIREC  | TORS:  | ADDITIONS/CHANG  | ES TO OFFICERS AND DIRECTO                      |
| tle:   | PTDA ()  | Delete   | Title:   | ( ) Change ( ) Addition                         |
| ame:<br>ddress:  | MCQUEEN, PAU<br>5850 CORPOR  |  | Name:<br>Address:  |   |
| y-St-Zip:  |  |  | City-St-Zip:   |   |
| tle:   | VS ()  | Delete   | Title:   | ( ) Change ( ) Addition                         |
| ue.  |  | CALVIN M   | Name:  |   |
|  | SANTARELLI, C  |  |  |   |
| me:<br>dress:  | 230 SW 9 TR  |  | Address:   |   |
| ıme:<br>ldress:  | 230 SW 9 TR  |  | Address:<br>City-St-Zip:   |   |
| ime:<br>dress:<br>:y-St-Zip:<br>le:  | 230 SW 9 TR<br>CAPE CORAL, I   | FL 33991 US<br>Delete  | City-St-Zip:<br>Title:   | ( ) Change ( ) Addition                         |
| me:<br>dress:<br>y-St-Zip:<br>le:<br>me:   | 230 SW 9 TR<br>CAPE CORAL, I<br>AV ()<br>ROJAS, RICHAI   | FL 33991 US<br>Delete<br>RD W  | City-St-Zip:<br>Title:<br>Name:  | ( ) Change ( ) Addition                         |
| ime:<br>ldress:<br>ty-St-Zip:<br>le:<br>ime:<br>ldress:  | 230 SW 9 TR<br>CAPE CORAL, I<br>AV ()<br>ROJAS, RICHAI<br>941 21 STREET  | FL 33991 US<br>Delete<br>RD W<br>T SW  | City-St-Zip:<br>Title:   | ( ) Change ( ) Addition                         |
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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