FILED **2008 FOR PROFIT CORPORATION** Mar 05, 2008 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # J39796 MAINSTREAM ENGINEERING CORPORATION Principal Place of Business Mailing Address 200 YELLOW PLACE 200 YELLOW PLACE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 No Chg-P CR2E034 (11/05) 02112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2744408 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCARINGE, ROBERT P DO NOT WRITE 200 YELLOW PL ROCKLEDGE, FL 32955 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signalure required when teinstating) U000000**84**7836 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/19/08-80035-013 150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F SCARINGE, ROBERT P. NAME STREET ADDRESS 6191 ANCHOR LANE ROCKLEDGE, FL CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida-Statistiss. 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE OND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321) 631-3550

Daylime Phone #