


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90297 021 \*\*\*150.00

<b>DOCUMENT # J60550</b>	
1. Entity Name <b>PROFESSIONAL ENGINEERING &amp; INSPECTION COMPANY, INC.</b>	

Principal Place of Business <b>11860 W STATE ROAD 84 STE 1 FORT LAUDERDALE, FL 33325 US</b>	Mailing Address <b>11860 W STATE ROAD 84 STE 1 FORT LAUDERDALE, FL 33325 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>c/o Thelen Reid &amp; Priest LLP</b> Suite, Apt. #, etc. <b>875 Third Ave., #1433</b>
City & State	City & State <b>New York, NY</b>
Zip	Country <b>USA</b>

	
03292005	Chg-P
CR2E034 (10/03)	
4. FEI Number <b>59-2784924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIEDELIEVE, FRANK 17 BIS PLACE DES REFLETS LA DEFENSE 2 94000 COURBEVOIE FRANCE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARDAN, FRANCOIS 17 BIS PLACE DES REFLETS LA DEFENSE 2 94000 COURBEVOIE FRANCE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WRIGHT, DICKERSON C 7895 CONVOY CT #18 SAN DIEGO, CA 92111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNCH, MARK 11860 W STATE RD 84 SUITE 1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC DAMASCENO, LUIS C 11860 W. STATE ROAD 84, SUITE 1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TONG, RICHARD 11860 W STATE RD 84 SUITE 1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 92400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 92400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/COO LYNCH, MARK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S HAIMES, BURTON K. 875 THIRD AVE., #1433 NEW YORK, NY 10022
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 exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** Burton K. Haimes **Burton K. Haimes** **4-25-05** **(212) 603-2060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #