


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J75791	
1. Entity Name REGIONAL ENGINEERS, PLANNERS & SURVEYORS, INC.	

Principal Place of Business 1105 SANCTUARY PARKWAY SUITE 300 ALPHARETTA, GA 30004 US	Mailing Address 1105 SANCTUARY PARKWAY SUITE 300 ALPHARETTA, GA 30004 US
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04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2814347	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> EX	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBLER, J. ALLEN 1105 SANCTUARY PKWY #300 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ROBERT M 4150 N. JOHN YOUNG PKWY ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHERRILL, KENDALL H 1105 SANCTUARY PKWY #00 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLES, BRUCE C 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOOSHEE, ROBERT B 1105 SANCTUARY PARKWAY, SUITE 300 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000555268
05/16/06-80026-024 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Kendall H. Sherrill **Kendall H. Sherrill**
Secretary & Treasurer **4-26-06** **770-360-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #