
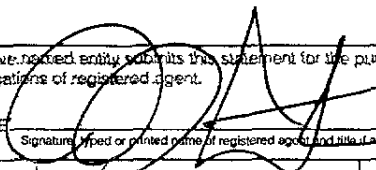
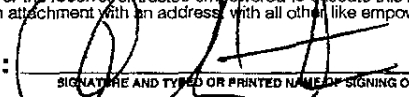


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # J86731</b> 1. Entity Name <b>ENGINEERING &amp; DESIGN CONCEPTS, INCORPORATED</b>		
Principal Place of Business <b>1398 PALM BAY ROAD, N.E. PALM BAY, FL 32905</b>	Mailing Address <b>1398 PALM BAY ROAD, N.E. PALM BAY, FL 32905</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CARTER, ROBERT D 335 EMBASSY CT NE PALM BAY, FL 32907</b>		<b>DO NOT WRITE IN THIS SPACE</b>
2. 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  <b>ROBERT D CARTER</b> 1/28/05 <small>Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust-Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000210810 02/02/05-80096-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, ROBERT D 335 EMBASSY CT NE PALM BAY, FL 32907	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, TAMI D 335 EMBASSY CT NE PALM BAY, FL 32907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHINSKIE, EDWARD F 4707 LANCASTER LANE MIMS, FL 32754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>ROBERT D CARTER</b> 1/28/05 324 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		