

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39365

FILED
Jan 10, 2007
Secretary of State

Entity Name: AYLWARD ENGINEERING & SURVEYING, INC.

Current Principal Place of Business:

3222 RIDGE TRACE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3222 RIDGE TRACE
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0077815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COX, SHARON A
3222 RIDGE TRACE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COX, SHARON A.,
Address: 3222 RIDGE TRACE
City-St-Zip: DAVIE, FL 33328

Title: VD () Delete
Name: MARTIN, EVELYN A.,
Address: 1815 SW 101 AVENUE
City-St-Zip: DAVIE, FL 33324

Title: TSD () Delete
Name: AYLWARD, JAYNE R.,
Address: 15221 FINTRY PL
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON A. COX

PD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date