2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Secretary of State DOCUMENT #K47849 02-09-2006 90021 010 ***158.75 LONDON ENGINEERING & ASSOCIATES, INC. Principal Place of Business Mailing Address 400 Inso. 2817 NE 3RD ST 2817 NE 3RD ST OCALA, FL 34470 OCALA, FL 34470 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 59-2919834 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LONDON, JOSEPH C. Street Address (P.O. Box Number is Not Acceptable) 2817 NE 3RD ST OCALA, FL 34470 Zip Code FL 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. (NOTE: Ragistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete P/S/T/D NAME LONDON, JOSEPH C. NAME London, Joseph C. 2817 NE 3rd ST 2817 NE 3RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL CITY-ST-ZIP <u>Ocala, FL 34470</u> HILE Delete TITLE ☐ Change Addition v/p MAME NAME Dinkins, Davis L. 2817 NE 3rd ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ocala, FL 34470 TITLE Oelete IME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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 em 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 officers, with all other like empowered.

<u>London 02-07-06</u>

FILED Feb 09, 2006 8:00 am