

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51271

FILED
Apr 29, 2005
Secretary of State

Entity Name: DAMOCLES ENGINEERING, INC.

Current Principal Place of Business:

35849 CR 439
EUSTIS, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1387
EUSTIS, FL 32727 US

New Mailing Address:

FEI Number: 59-2954745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORMAN, PETER T.
35849 CR 439
EUSTIS, FL 32726 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: DORMAN, PETER T.,
Address: 35849 CR 439
City-St-Zip: EUSTIS, FL 32726

Title: VD () Delete
Name: DORMAN, F. RAY,
Address: 2046 COUNTRYSIDE CIRCLE, SOUTH
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: SMITH, PAULETTE E,
Address: 121 BROWN AVE SOUTH
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: ICARDI, ALDO,
Address: 1100 S. ORALNDO AVE., #408
City-St-Zip: MAITLAND, FL

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:

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 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 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: PETER T. DORMAN

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date