

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51271

FILED  
Apr 27, 2006  
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:

DORMAN, PETER T.  
35849 CR 439  
EUSTIS, FL 32736 US

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:

04/27/2006

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: PD (X) Change ( ) Addition  
Name: DORMAN, PETER T.,  
Address: 35849 CR 439  
City-St-Zip: EUSTIS, FL 32736

Title: VD (X) Change ( ) Addition  
Name: DORMAN, F. RAY,  
Address: 35849 CR 439  
City-St-Zip: EUSTIS, FL 32736

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: PETER T. DORMAN

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date