

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 25, 2007  
Secretary of State**

DOCUMENT# K59601

Entity Name: BOUERI ENGINEERS, INC.

**Current Principal Place of Business:**

1045 E ATLANTIC AVENUE  
314  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

1045 E ATLANTIC AVENUE  
314  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 65-0097275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOUERI, RABIH J.  
809 SEAGATE DRIVE  
DELRAY BEACH, FL 33448 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BOUERI, RABIH J.,  
Address: 809 SEAGATE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP (X) Delete  
Name: BOUERI, SHANNON K  
Address: 809 SEAGATE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: RABIH BOUERI

DP

06/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date