2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

SIGNATURE: RONALD A. BAIER

May 16, 2007 8:00 am Secretary of State DOCUMENT # L65253 05-16-2007 90024 010 ***158.75 1. Entity Name BAIER CONSULTING ENGINEERS, INC. Principal Place of Business Mailing Address 4761 SW 51ST STREET DAVIE FL 33314 4761 SW 51ST STREET DAVIE FL 33314 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 65-0187725 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAIER, RONALD A. Street Address (P.O. Box Number is Not Acceptable) 4761 SW 51ST STREET **DAVIE FL 33314** Zip Code 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. SIGNATURE - Signature, typed or printed name of registered agent and title inapplicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPC ☐ Change Addition HILE Delete THILL BAIER, RONALD A. NAMI' NAME 4761 SW 51ST ST. STREET ADDRESS STREET ADDRESS DAVIE FL CHY-ST-ZIP CITY-ST-ZIP DV Addition Delete THILE THE BURNEAU, JOHANNE BRUNEAU, JOHANNE, NAME 4761 SW 51ST ST STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY - S1 - 7IP CITY ST-ZP ☐ Change Addition THE Defete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 7IP Change TIBE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE Delete ши Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Addition RITLE Delete HILL ☐ Change NAM 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 Section 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 officet as if made under early; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as oduined by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED