2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2006 08:00 AM Secretary of State **DOCUMENT # L86648** GPM ENGINEERING, INC. Mailing Address Principal Place of Business 5502 SW 114TH AVE 5502 SW 114TH AVE COOPER CITY, FL 33330 COOPER CITY, FL 33330 CR2E034 (11/05) 02162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0209488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PATEL, SHANTILAL 5502 SW 114TH AVE COOPER CITY, FL 33330 IN THIS SPACE 3. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIS FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATEL, SHANTILAL C. NAME STREET ADDRESS 5502 SW 114TH AVE CITY-ST-ZIP COOPER CITY, FL 1331 F NAME U00000454516 03/15/06-80018-020 150.00 STREET ADDRESS CATY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET AGDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 954-680-9483

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