

# ANNUAL REPORT (AR)

**DOCUMENT # L90822**

1. Entity Name  
**ENGINEERING ANALYSES AND SOLUTIONS, INC.**



**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business 177 N US HIGHWAY 1 310 TEQUESTA FL 33469 US	Mailing Address 177 N US HIGHWAY 1 310 TEQUESTA FL 33469 US
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2. Principal Place of Business - No P.O. Box #      3. Mailing Address

1st MOORE      CR2E034 (10/06)

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0211616**      Applied For  
Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FORE, FRANK A.  
40 RIVERSIDE  
JUPITER FL 33469**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution  **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	FORE, A. FRANK	
STREET ADDRESS	40 RIVERSIDE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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04/24/07-80080-014 158.75

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 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:** \_\_\_\_\_ 4/10/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #