


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State


02-26-2007 90049 004 ***150.00

DOCUMENT # P00000088848	
1. Entity Name PROFESSIONAL ENGINEERING SOLUTIONS, INC.	

Principal Place of Business 101 NW 75TH STREET SUITE 2 GAINESVILLE, FL 32607	Mailing Address 101 NW 75TH STREET SUITE 2 GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box # 6910 W University Ave.	3. Mailing Address Same
Suite, Apt. #, etc. Suite # 2	Suite, Apt. #, etc.
City & State Gainesville FL	City & State
Zip 32607	Country

40060177



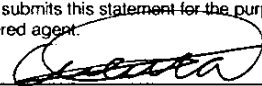
02222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3672265	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CUENCA, CARMEN PT 101 NW 75TH ST. SUITE 2 GAINESVILLE, FL 32607	

7. Name and Address of New Registered Agent	
Name Carmen Cuencia	
Street Address (P.O. Box Number is Not Acceptable) 6910 W. University Ave Suite 2	
City Gainesville	FL Zip Code 32607

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.

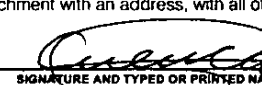
SIGNATURE ☒  DATE **02/22/07**

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINTO, ALIRIO 101 NW 75TH ST. SUITE 2 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pinto, Alirio 6910 W University Ave. Ste # 2 Gainesville, FL 32607. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARMEN, CUENCA 101 NW 75TH ST. SUITE 2 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARMEN CUENCA 6910 W University Ave. STE 2 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **02/22/07. (352) 331-7841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #