
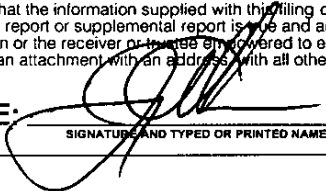


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 036 ***150.00

DOCUMENT # P00000111722				
1. Entity Name FLORIDA ENGINEERED PRODUCTS, INC.				
Principal Place of Business 902 N. HIMES AVE. TAMPA, FL 33609		Mailing Address 902 N. HIMES AVE. TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3698446
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
HIGHAM, FREDERICK A JR 4514 CENTRAL AVE. ST. PETERSBURG, FL 33711			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLISON, JAY	NAME	Jay Allison	
STREET ADDRESS	902 N. HIMES AVE.	STREET ADDRESS	902 N. Himes Ave.	
CITY - ST - ZIP	TAMPA, FL 33609	CITY - ST - ZIP	Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete	TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	Douglas Cohn	
STREET ADDRESS		STREET ADDRESS	902 N. Himes Ave	
CITY - ST - ZIP		CITY - ST - ZIP	Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
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: 		JAY ALLISON		04-11-06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date
				813-877-8251
				Daytime Phone #