


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114267
 1. Entity Name
STS ENGINEERING SERVICES, INC.



Principal Place of Business Mailing Address
2000 NE JENSEN BEACH BLVD **2000 NE JENSEN BEACH BLVD**
JENSEN BEACH, FL 34957 **JENSEN BEACH, FL 34957**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1062831 Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSON, PHILIP 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ROBERT D 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOMMERS, MICHAEL C 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSON, PHILIP JR 2000 JENSEN BEACH BLVD. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/22/06-80053-024 150.00

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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 807, 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: Michael C Sommers Date: 1/27/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #