


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 002 ***150.00

DOCUMENT # P01000007511		
1. Entity Name MAD DOG ENGINEERING INC.		
Principal Place of Business 7386 CENTRAL INDUSTRIAL DR. RIVIERA BEACH FL 33404		Mailing Address 7386 CENTRAL INDUSTRIAL DR. RIVIERA BEACH FL 33404



2. Principal Place of Business - No P.O. Box # 7386 CENTRAL IND. DR. Suite, Apt. #, etc. 7386 CENTRAL IND. DR. City & State RIVIERA BCH FLA 33404 Zip 33404 Country USA		3. Mailing Address 7386 CENTRAL IND DR. Suite, Apt. #, etc. 7386 CENTRAL IND DR. City & State RIVIERA BCH FLA. Zip 33404 Country USA	
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1st MOORE CR2E034 (10/06)

4. FEI Number 65-1077430		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAGINNIS, ANDREW 7386 CENTRAL INDUSTRIAL DR. RIVIERA BEACH FL 33404		7. Name and Address of New Registered Agent Name MAGINNIS ANDREW Street Address (P.O. Box Number is Not Acceptable) 7386 CENTRAL IND DR. City RIVIERA BCH FLA FL Zip Code 33404

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 Andrew W Maginnis ANDREW W MAGINNIS 2/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MAGINNIS, ANDREW 7386 CENTRAL INDIAN DR WEST PALM BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES MAGINNIS ANDREW 7386 CENTRAL IND DR WEST PALM BCH FLA 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NA
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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: Andrew W Maginnis ANDREW W MAGINNIS 2/12/07 1-561-262-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #