
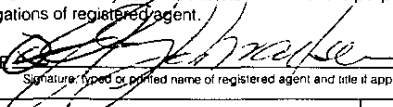
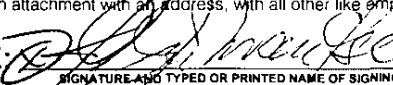


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90067 042 \*\*\*150.00

<b>DOCUMENT # P01000016201</b> 1. Entity Name <b>GULBRANDSEN ENGINEERING, INC.</b>					
Principal Place of Business <b>8338 DYNASTY DR BOCA RATON, FL 33433</b>			Mailing Address <b>C/O COMPUKEEPER INC. 2298 NW 2ND AVENUE, STE 20 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>4121 Bahama AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Melbourne, FL</b>		City & State		4. FEI Number <b>65-1074982</b>	
Zip <b>32901</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GULBRANDSEN, OYSTEIN 8338 DYNASTY DR BOCA RATON, FL 33433</b>			7. Name and Address of New Registered Agent Name <b>OYSTEIN GULBRANDSEN</b> Street Address (P.O. Box Number is Not Acceptable)  <b>4121 Bahama AVE</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32901</b>		
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  <b>Oystein Gulbrandsen, PR</b> DATE <b>1/8/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GULBRANDSEN, OYSTEIN</b> <b>8338 DYNASTY DRIVE</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Oystein Gulbrandsen</b> <b>4121 Bahama AVE</b> <b>Melbourne, FL 32901</b> <input 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	
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  <b>Oystein Gulbrandsen, PR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/8/08</b> Daytime Phone # <b>321-298-6685</b>		