2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jul 11, 2007 08:00 AM Secretary of State **DOCUMENT # P01000114283** 1. Entity Name W.E. SCHIPSKE, P.E., INC. Principal Place of Business Mailing Address **1031 NE 3RD AVE** 1031 NE 3RD AVE BOCA RATON, FL 33432 BOCA RATON, FL 33432 07022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1157795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SCHIPS KE SCHIPSHE, WILLIAM DO NOT WRITE 1031 NE 3RD AVE BOCA RATON, FL 33432 IN THIS SPACE 5. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS 73T1 F SCHIPSKE, WILLIAM E MANAG STREET ADDRESS 1031 NE 3RD AVE BOCA RATON, FL 33432 CITY-ST-ZIP U00000768103 07/11/07-80001-006 150.00 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-78 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 inclicated 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:

STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR