2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025015

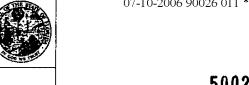
1. Entity Name
KLIMA WEEKS CIVIL ENGINEERING, INC.

SIGNATURE:

FILED Jul 10, 2006 8:00 am Secretary of State

07-10-2006 90026 011 ***550.00

407-447-5959



Principal Place of Business Mailing Address 50021990 **401 WEST COLONIAL DR 401 WEST COLONIAL DR** ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address 385 DOUGLAS AVENUE AVENUE 385 DOUGLAS Suite, Apt, #, etc. 07052006 Chg-P CR2E034 (11/05) Suite 2100 4. FEI Number City & State Applied For State SPRINGS, FL ALTAMONTE SPRINGS, FL 27-0002472 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLIMA, JENNY 3381 FAWNWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) OCOEE, FL 34761 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10.

NAME STREET ADDRESS	D KLIMA, JAY A 3381 FAWNWOOD DR	↓ Delete	TITLE NAME STREET ADDRESS				[.] €	hange	∐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WEEKS, SELBY G 1040 E. CREST AVE WINTER GARDEN, FL 34787	□ Delete	CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP			,		hange	Addition
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TITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ 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 furtised empowered to elegate this report 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 another like empowered.									

OF SIGNING OFFICER OR DIRECTOR