2003 FOR PROFIT CORPORATION

May 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000091928 DOCUMENT # 05-27-2003 90175 022 ***150.00 1. Entity Name ENGINEERING TECHNOLOGY GROUP, INC. Mailing Address Principal Place of Business PO BOX-293000° PO BOX 293996 DAVIE Ft 33329-3006 DAVIE FL 33329-3006 2. Principal Place of Business "4944 SW 161 AV Suite, Apt. #, etc. 4944 SW 161 AVE CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 55-0796880 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNCO, CHARLES N DR Street Address (P.O. Box Number is Not Acceptable) 4944 SW 161 AVE 718 NW 111-PL #6 MIAMI'FL 33172 MIRAMAR, FL 33027 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 CHARLES NUNDO SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Report went to old address. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00-May-Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition TITLE Delete NUNCO, CHARLES N DR NAME NAME 718 NW 111-PLACE #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMPFL 33172-3006 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NUNDO, CHARLES NAME NAME 4944 SW 161 AVE STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP. CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachm nt with an address, with all other like emoowered.

SIGNATURE:

Daytime Phone #