## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000109255

FILED Apr 12, 2005 Secretary of State

Entity Name: ELB ENGINEERING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1579 ROSEMONT DR CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** 1579 ROSEMONT DR CLEARWATER, FL 33755 FEI Number: 56-2300832 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUONEMANI, FRANK 1579 ROSEMONT DR CLEARWATER, FL 33755 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition BUONEMANI, FRNK BUONEMANI, FRANK Name: Name: 1579 ROSEMONT DR 1579 ROSEMONT DR Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete Title: D (X) Change () Addition

Name: LYONS, RANDY Name: LYONS, RANDY

Address: 1051 NOKOMIS ST Address: 28927 OLD TRILBY ROAD
City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: BROOKSVILLE, FL 34602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK BUONEMANI MR 04/12/2005