


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90208 043 \*\*\*150.00

<b>DOCUMENT # P02000116750</b> 1. Entity Name <b>ENGINEERING PROCESS, INC.</b>	
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Principal Place of Business <b>1216</b> <del>1220 E. PROSPECT AVENUE</del> <del>SUITE 216</del> <b>MELBOURNE, FL 32901</b>	Mailing Address <del>1220 E. PROSPECT AVENUE</del> <b>PO BOX 66</b> <del>SUITE 216</del> <b>MELBOURNE, FL 32902-0066</b> <b>32902-0066</b>
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**DO NOT WRITE IN THIS SPACE**

	
01062006	No Chg-P CR2E034 (11/05)
4. FEI Number <b>32-0039340</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALRON ENTERPRISES, INC.**  
**3990 MINTON, ROAD**  
**PALM BAY, FL 32904**

**DO NOT WRITE IN THIS SPACE**

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.

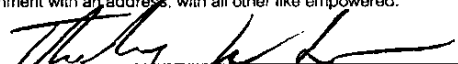
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCONE, THEODORE W</b> <b>185 ELM AVENUE</b> <b>SATELLITE BEACH, FL 32937</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **4-24-06** **321-723 6262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #