

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000124501 1. Entity Name INGHAM ENGINEERING, INC.	
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Principal Place of Business 3001 SW THIRD AVENUE BAY 6 FORT LAUDERDALE, FL 33315	Mailing Address 1215 SW 31 ST. FORT LAUDERDALE, FL 33315
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**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1172580	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ZELLER, RONALD J ESQ  
 222 LAKEVIEW AVENUE  
 SUITE 260  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

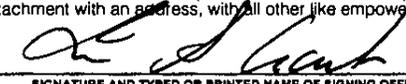
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000569449  
 07/11/06-80027-007 558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAIK, IAN S 3001 SW THIRD AVENUE, BAY 6 FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAIK, BRENDA G 3001 SW THIRD AVENUE, BAY 6 FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIK, IAN S 3001 SW THIRD AVENUE, BAY 6 FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIK, BRENDA G 3001 SW THIRD AVENUE, BAY 6 FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZELLER, SUZANNE T 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIK, BRENDA G 3001 SW THIRD AVENUE, BAY 6 FT. LAUDERDALE, FL 33315

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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:  7/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_