2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 08:00 AM Secretary of State **DOCUMENT # P02000134176** ENGINEERING SCIENCES, INC. Principal Place of Business Mailing Address **5055 DOWN POINT LANE 5055 DOWN POINT LANE** WINDERMERE, FL 34786 WINDERMERE, FL 34786 CR2E034 (11/05) 04052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3763048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOSEPH, GEORGE P DO NOT WRITE 5055 DOWN POINT LANE WINDERMERE, FL 34786 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOSEPH, GEORGE P JR. NAME STREET ADDRESS 5055 DOWN POINT LANE CITY-SI-ZIP WINDERMERE, FL 34786 TITLE :U00000702343 NAMÉ JOSEPH, SANDRA K 04/20/07-80096-001 150.00 STREET ADDRESS 5055 DOWN POINT LANE City-St-ZIP WINDERMERE, FL 34786 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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 other section.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TOTAL THE STATE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/9/07 4 1909 895

FILED