2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 11, 2007 08:00 Al Secretary of State DOCUMENT # P02000134717 G. LIPPMAN ENGINEERING, INC. Principal Place of Business Mailing Address 7316 VIALE MICHELANGELO DELRAY BEACH FL 33446 7316 VIALE MICHELANGELO DELRAY BEACH, FL 33446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 55-0820166 Not Applicable Zip ' Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIPPMAN, GERALD Street Addross (P.O. Box Number is Not Acceptable) 7316 VIALE MICHELANGELO **DELRAY BEACH FL 33446** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agoni and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition LIPPMAN, GERALD NAME NAME 7316 VIALE MICHELANGELO STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY ST-ZIP CITY-ST-ZIP U00000701023 THEE ☐ Delete 04/20/07-80039-024P \$99.00P Addition NAMÉ NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-SI-ZIP HILE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Defete Change □ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY+S1-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE Change ☐ Addition NAME NAME: STRLET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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:

SNATUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8.07

Daytime Phone 4