2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000134885

Entity Name
 HARRY WILD ENGINEERING, INC.

Principal Place of Business

855 OCEAN SHORE BLVD., UNIT 224 ORMOND BEACH, FL 32176 US

Mailing Address

PO BOX 2995

ORMOND BEACH, FL 32175-2995 US

FILED May 02, 2008 08:00 AN Secretary of State



CR2E034 (11/05)

| DO NOT | WRITE | IN THIS | SPACE |
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4. FEI Number Applied For 57-1144553 Not Applied For Not Applied For Status Desired Status Desired Fee Required

Daylime Prone

6. Name and Address of Current Registered Agent

WILD, HARRY 855 OCEAN SHORE BLVD., UNIT 224 ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

No Chg-P

04242008

| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| | | 9. Election Campaign Fi Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILD, HARRY 855 OCEAN SHORE BLVD., UNIT 224 ORMOND BEACH, FL 32176 | ı | | | U00000944815 05/29/08-80114-021 150.00 | | |
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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. | | | | | | | |