2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000037552 1. Entity Name REGULATED ENGINEERING SERVICES INC. Principal Place of Business 5776 SW 89TH WAY FORT LAUDERDALE, FL 33328 US Mailing Address 5776 SW 89TH WAY FORT LAUDERDALE, FL 33328 US DO NOT WRITE IN THIS SPACE

FILED Jan 29, 2007 08:00 AM Secretary of State



01092007 No Chg-P		CR2E034 (11/05)		
4. FEI Numbe	r		Applied For	
74-3085	456		Not Applicable	
5. Certificate	of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

HAIM, YITZHAK 5776 SW 89TH WAY COOPER CITY, FL 33328

DO NOT WRITE IN THIS SPACE

3. 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: Re	gistered Agent signature	gent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JACKSON, COLIN D 5776 SW 89TH WAY COOPER CITY, FL 33328				ж.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HAIM, YITZHAK 5776 SW 89TH WAY COOPER CITY, FL 33328				000000606904 01/31/07-80016-010 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·			
					9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director		

12. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

954-650-7321

Daytime Phone