2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000071278 01-22-2008 90045 004 ***150.00 HEYN ENGINEERING INC. Principal Place of Business Mailing Address 10146 HALEY ROAD 10146 HALEY ROAD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2644 Seneca 2644 SPARCA Drive Dave Suite, Apt. #, etc. 01182008 CR2E034 (12/06) City & State 4. FEI Number Applied For Jackson / 116 20-0060542 Not Applicable \$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 HEYN, WILLIAM 10140 HALEY ROAD & ZLYY SPARIA Drive JACKSONVILLE, FL 32257 C. Jackbury 14, FC 37759 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change HEYN, WILLIAM NAME NAME 2644 Senera Drive STREET ADDRESS 10146 HALEY ROAD STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-7IP Jacksonville FL 32259 TITLE ☐ Delete Change : ☐ Addition NAME HEYN, DENISE D 2644 Spacea Drive 10146 HALEY ROAD STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY_ST-ZIF Jacksonville. FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete тпте ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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.

FILED Jan 22, 2008 8:00 am