2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2007 8:00 am DOCUMENT # P03000099529 **Secretary of State** 1. Entity Name 03-29-2007 90031 040 ***150.00 B & B ENGINEERING CONSULTANTS, INC. Principal Place of Business Mailing Address 491-SE-DIXIE-HIGHWAY 2431 SE DIXIE HIGHWAY STUART FL 34996 STUART FL 34996 706 S. 7065.74 T. PIENCE, FC. 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 20-0223332 Not Applicable Country Zip 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 COSENTINO, JAMES Street Address (P.O. Box Number is Not Acceptable) 2277 SW OLYMPIC CLUB TERRACE PALM CITY FL 34990 LINDA BERMUDEL 1307 S. PARADET AVE OKESCHOBETE. 34974 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE BERMUDEZ, OSCAR M NAME NAME 2431 SE DIXIE HIGHWAY 7065. 74 M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34996 pience Fe 3497K CITY-ST-ZIP ☐ Change Addition THIF TITLE NAME BERMUDEZ, OSCAR 🕿 📒 NAME STREET ADDRESS 2491 SE DIXIE HWY STREET ADDRESS DIENCE FU 3497K CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Defete Change Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED