


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90031 001 \*\*\*150.00

<b>DOCUMENT # P03000103128</b>		
1. Entity Name BASLEE ENGINEERING SOLUTIONS (BES), INC.		

Principal Place of Business 8304 TORRINGTON AVE TAMPA, FL 33647-1713	Mailing Address 8304 TORRINGTON AVE TAMPA, FL 33647-1713
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2. Principal Place of Business 11007 N. 56TH STREET Suite, Apt. #, etc. SUITE 208 City & State TEMPLE TERRACE, FL Zip 33617 Country U.S.A.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01242006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0242028		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SINGH-MUNDKUR, SUE 8304 TORRINTON AVE. TAMPA, FL 33647		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNDKUR, DILIP K 8304 TORRINGTON AVE TAMPA, FL 336471713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SINGH-MUNDKUR, SUE B 8304 TORRINGTON AVE TAMPA, FL 336471713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:** S. S. - M. K. SUE SINGH-MUNDKUR 01/24/06 (813) 985-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #