

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157375

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: HALLIWELL ENGINEERING ASSOCIATES, INC.

**Current Principal Place of Business:**

20801 BISCAYNE BLVD., #505  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

865 WATERMAN AVE.  
E. PROVIDENCE, RI 02914

**New Mailing Address:**

FEI Number: 20-0505935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HALLIWELL, JOHN L  
Address: 17050 NORTH BAY RD., #805  
City-St-Zip: SUNNY ISLES, FL 33160

Title: ST ( ) Delete  
Name: WART, ROBERT J  
Address: 8 OLIVE LANE  
City-St-Zip: BARRINGTON, RI 02805

Title: V ( ) Delete  
Name: NEEB, DANIEL  
Address: 21085 NE 34TH AVE. #302-1  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J WART

ST

03/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date