

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157375

FILED
Feb 21, 2009
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: 495 CENTRE ISLAND DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: ST () Delete
Name: WART, ROBERT J
Address: 8 OLIVE LANE
City-St-Zip: BARRINGTON, RI 02806

Title: V () Delete
Name: NEEB, DANIEL
Address: 21075 NE 34TH AVE. #301
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: LEMMO, STEVEN M
Address: 79 PONTE LANE
City-St-Zip: NORTH KINGSTOWN, RI 02852

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:

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

I hereby certify that the information supplied with this filing does not qualify 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

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date