2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005
Secretary of State

DOCUMENT# P04000043240

Entity Name: JDL ENGINEERING ASSOCIATES, INC.

Current Principal Place of Business:

629 VIA MILANO
APOPKA, FL 32712

New Principal Place of Business:

819 PARKSIDE POINTE BOULEVARD
APOPKA, FL 32712

Current Mailing Address:

629 VIA MILANO
APOPKA, FL 32712

New Mailing Address:

819 PARKSIDE POINTE BOULEVARD
APOPKA, FL 32712

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, J. DAVID
629 VIA MILANO
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

LIVINGSTON, J. DAVID
819 PARKSIDE POINTE BOULEVARD
APOPKA, FL 32712 US

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: J. DAVID LIVINGSTON 08/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LIVINGSTON, J. DAVID
Address: 629 VIA MILANO
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: LIVINGSTON, MARY C
Address: 629 VIA MILANO
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LIVINGSTON, J. DAVID
Address: 819 PARKSIDE POINTE BOULEVARD
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: LIVINGSTON, MARY C
Address: 819 PARKSIDE POINTE BOULEVARD
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: J. DAVID LIVINGSTON D 08/29/2005
Electronic Signature of Signing Officer or Director Date