2005 FOR PROFIT CORPORATION

Feb 16, 2005 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P04000067070 02-16-2005 90041 027 ***158.75 ELIJAH ENGINEERING, INSPECTION, & TESTING, INC. Principal Place of Business Mailing Address 921 FAITH CIRCLE EAST 921 FAITH CIRCLE EAST 50016119 **BRADENTON FL 34212 BRADENTON FL 34212** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-1036779 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Allison FORM-A-CORP LLC Street Address (P.O. Box Number is Not Acceptable) 100 VILLAGE SQUARE CROSSING SUITE 103 # 27 Faith Circle 921 PALM BEACH GARDENS FL 33410 Zip Code 34212 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. 2/09/<u>05</u> SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ TITLE ☐ Delete TITHE ☐ Channe ☐ Addition ALLISON, ROGER L NAME NAME STREET ADDRESS 921 FAITH CIRCLE EAST, #27 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34212** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE □ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Roger Allison

SIGNATURE:

FILED

941-807-0671