2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 30, 2006 8:00 am **Secretary of State** DOCUMENT-#-294000075950 1. Entity Name 03-30-2006 90029 040 ***158.75 MANTELL ENGINEERING & DEVELOPMENT CORP. Principal Place of Business Mailing Address **43**0 46 CT. **VERO BEACH FL 32968** 430 46 CT. VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 41-2196 997 AP-PLIED FOR 4. FEI Number City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANTELL, VICTOR C Street Address (P.O. Box Number is Not Acceptable) 430 46 CT. VERO BEACH FL 32968 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition | TITLE ☐ Delete TITLE MANTELL, VICTOR C NAME STREET ADDRESS STREET ADDRESS 430 46 CT. CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32968 ___ Change TITLE Addition ☐ Delete FITH F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 quality for the exemptions contained in Section 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.

TULE

NAME

STREET ADDRESS

CITY+ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Victor C. Mantell 2-4.06

FILED

Change

Addition