
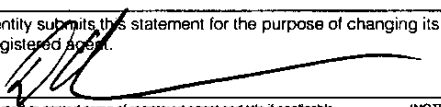


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000077587</b> 1. Entity Name <b>UNROE ENGINEERING, INC.</b>						<b>FILED</b> <b>06 MAY 10 PM 12:27</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>4017 ORKNEY AVENUE</b> <b>ORLANDO, FL 32809</b>				Mailing Address <b>4017 ORKNEY AVENUE</b> <b>ORLANDO, FL 32809</b>			
2. Principal Place of Business <b>5728 Major Blvd #265</b>		3. Mailing Address <b>5728 Major Blvd</b>					
Suite, Apt. #, etc. <b># 265</b>		Suite, Apt. #, etc. <b># 265</b>					
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>20-2357044</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32819</b>		Country <b>USA</b>		Zip <b>32819</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03202006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  <b>UNROE, DARCY P</b> <b>4017 ORKNEY AVENUE</b> <b>ORLANDO, FL 32809</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 				DATE <b>03/20/06</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>200075045492</b>				<b>05/23/06--01006--005 **61.25</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <input type="checkbox"/> Delete NAME <b>P UNROE, DARCY P</b> STREET ADDRESS <b>7500 PACIFIC HEIGHTS CIR.</b> CITY-ST-ZIP <b>ORLANDO, FL 32835</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> Delete NAME <b>T UNROE, DENIS R</b> STREET ADDRESS <b>4017 ORKNEY AVENUE</b> CITY-ST-ZIP <b>ORLANDO, FL 32809</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.							
SIGNATURE: 				DATE <b>03/20/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			