2006 FOR PROFIT CORPORATION

Jul 25, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P05000014890 07-25-2006 90021 029 ***158.75 1. Entity Name OSBORNE ENGINEERING CONSULTANCY, INC. Principal Place of Business Mailing Address 611 MERRIMAC ST. SE 611 MERRIMAC ST. SE PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 06 1739722 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAHAM, CALVITA Street Address (P.O. Box Number is Not Acceptable) 841 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909 City 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITLE ☐ Change OSBORNE, ROANNE OSBORNE, ROBIN W.A. SNR. NAME NAME GII MERRIMAC ST., S.E. STREET ADDRESS 13 FOX RIDGE CRESCENT STREET ADDRESS WARWICK, RI 02886 CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 32909, USA TITLE ☐ Delete TITLE ☐ Change Addition OSBORNE, ROBÎN W.JR. ÓSBORNE, ANNETTE NAME NAME GII MERRIMAC ST., S.E. PALM BAY, FL32909, USA STREET ADDRESS 12702 ADVENTURE DR. STREET ADDRESS RIVER VIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition OSBORNE, PETER L NAME NAME STREET ADDRESS 10022 RIVERS POINTE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32825 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

FILED

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DO