

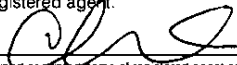
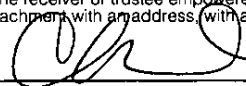


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90086 030 \*\*\*150.00

<b>DOCUMENT # P05000034178</b> 1. Entity Name <b>ANDERSON CONTRACT ENGINEERING, INC.</b>					
Principal Place of Business <b>720 ARMITAGE ST. APOPKA, FL 32703-5434</b>			Mailing Address <b>720 ARMITAGE ST. APOPKA, FL 32703-5434</b>		
2. Principal Place of Business <b>720 Armitage St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>720 Armitage St</b> Suite, Apt. #, etc.			
City & State <b>Apopka, FL</b>		City & State <b>Apopka, FL</b>		4. FEI Number <b>20-2438015</b>	
Zip <b>32703</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JENNELLE, STEPHEN D CPA 109 S PARK AVE APOPKA, FL 32703</b>			7. Name and Address of New Registered Agent Name <b>Christian Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <b>720 Armitage St</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32703</b>		
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>5/5/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDERSON, BRIAN D 720 ARMITAGE ST APOPKA, FL 327035434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ANDERSON, CHRISTIAN A 720 ARMITAGE ST APOPKA, FL 327035434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>5/5/06</b> DAYTIME PHONE # <b>407-304-6104</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		