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Jul 14, 2008 8:00 am
Secretary of State
06-02-2008 90006 015 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054381

1. Entity Name
ENGINEERED CONTROL SERVICES INC.

Principal Place of Business	Mailing Address
6206 CLARK CENTER AVE SARASOTA, FL 34238	6206 CLARK CENTER AVE SARASOTA, FL 34238

66015323

04122006 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4440 LAKE FOREST DR	4440 LAKE FOREST DR
Suite, Apt. #, etc.: 118	Suite, Apt. #, etc.: 118
City & State: CINCINNATI, OH	City & State: CINCINNATI, OH
Zip: 45242 Country: USA	Zip: 45242 Country: USA

4. FEI Number: 20-2663913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, MICHAEL A
6651 AVENUE C
17
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name: HARALD ZIEGER
Street Address (P.O. Box Number is Not Acceptable): 6206 CLARK CENTER AVE
SARASOTA FL Zip: 34238

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZIEGER, HARALD		NAME	
STREET ADDRESS	943 TARRAGON LN		STREET ADDRESS	
CITY-ST-ZIP	MILFORD, OH 45150		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORBES, MICHAEL		NAME	
STREET ADDRESS	6651 AVENUE C		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: Harold Zieger 04/18/08 (513) 386-9951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #