## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P05000086928 FILED 1. Entity Name PGL ENGINEERING, INC. 06 SEP 11 AM 8: 54 SECRETARY OF STATE Principal Place of Business Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. 12811 KENWOOD LANE SUITE 205 P.O. DRAWER 60205 FORT MYERS, FL 33907 FORT MYERS, FL 33906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08312006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3030223 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROYSTON, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) **COSTELLO & ROYSTON** 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907 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, 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 Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE ☐ Delete TITLE ☐ Change NAME LYLE, GREGG MAME 600079733776 STREET ADDRESS 12811 KENWOOD LANE, SUITE 205 STREET ADDRESS 09/12/06--01066--016 \*\*61.25 CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SELF. ROBERT L NAME NAME STREET ADDRESS 12811 KENWOOD LANE, SUITE 205 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Lyle, Paula LYLE, PAULA NAME NAME 12811 Kenword Lane, Swite 205 12811 KENWOOD LANE, SUITE 205 STREET ADDRESS STREET ADDRESS Fort Myers. FORT MYERS, FL 33907 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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.

08/31/06 (239) 278-4445