2007 FOR PROFIT CORPORATION

Mar 30, 2007 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # P05000103474** 03-30-2007 90131 002 ***150.00 1. Entity Name E & G ENGINEERING, INC. Principal Place of Business Mailing Address 40045449 2105 PEBBLE CREEK LN 2105 PEBBLE CREEK LN ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02082007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3232917 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WESTER, GLENDA Street Address (P.O. Box Number is Not Acceptable) 2105 PEBBLE CREEK LN ORANGE PARK, FL 32003 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WESTER, GLENDA NAME NAME 2105 PEBBLE CREEK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-SI-7/P ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ■ Addition NAME NAME

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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP