## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 11, 2007 08:00 AM **DOCUMENT # P05000153378 Secretary of State** 1. Entity Name SOUTHERN ENGINEERING ENTERPRISES CO. Principal Place of Business Mailing Address PO BOX 4824 PO BOX 4824 CHATSWORTH, CA 91313 CHATSWORTH, CA 91313 CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COURTACCESS CENTERS OF AMERICA, INC. DO NOT WRITE 3249 W CYPRESS ST SUITE C **TAMPA, FL 33607** IN THIS SPACE 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. (NOTE: Registered Agent aigneture required when revisiting) Seneture, typed or protect name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PRES TITLE BECKER, ALVIN NAME STREET ADDRESS PO BOX 4824 CHATSWORTH, CA 91313 CITY-ST-78 TITLE U00000581811 01/11/07-80007-013 150.00 STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BUE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALE STREET ADDRESS ·CITY-ST-ZIP ΠΠF NÀME:

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 of 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:

STREET ADDRESS CITY-ST-ZIP

DÉCICER ALVIN BECKER

6 Sm 2K+7

818/701-0091

Daytime Phone #

**FILED**