2006 FOR PROFIT CORPORATION

Jul 11, 2006 8:00 am Secretary of State **ANNUAL REPORT** 07-11-2006 90018 009 ***150.00 **DOCUMENT # P05000154555** KH ENGINEERING GROUP, INC. 40098342 Principal Place of Business Mailing Address 2975 7TH ST SW 2975 7TH ST SW VERO BEACH, FL 32968 VERO BEACH, FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07072006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 76-0806866 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAZLEY, KEITH R Street Address (P.O. Box Number is Not Acceptable) 2975 7TH ST SW VERO BEACH, FL 32968 City Zip Code Fl 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 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAZLEY, KEITH R NAME NAME STREET ADDRESS 2975 7TH ST SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32968 ☐ Change TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS street adoress CITY-ST-7P CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ 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 ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 received in 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 life empowered.

ING OFFICER OR DIRECTOR

SIGNATURE:

Date

Daytime Phone #

FILED