


# 2006 FOR PROFIT CORPORATION. ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90149 024 \*\*\*150.00

<b>DOCUMENT # P05000161936</b> 1. Entity Name <b>POINT WEST ENGINEERING, INC.</b>					
Principal Place of Business <b>2601 EAST HENRY STREET BUILDING A TAMPA, FL 33610 US</b>			Mailing Address <b>PO BOX 360035 TAMPA, FL 33673 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-3951073</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KELLEY, MICHAEL F 943 BUNKERVIEW DRIVE APOLLO BEACH, FL 33572</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KELLEY, MICHAEL F PO BOX 360035 TAMPA, FL 33673</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Michael F. Kelley</i> Michael F Kelley March 3, 2006 813-232-1997</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

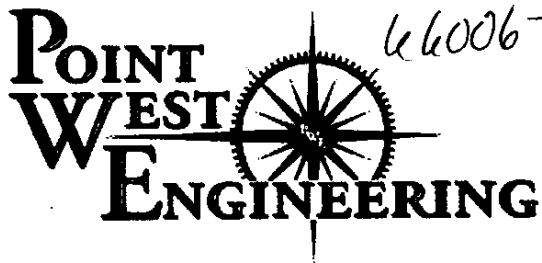
3.



02032006 Chg-P CR2E034 (11/05)

ATTACHMENT

66006721



Michael F. Kelley, P.E.  
Point West Engineering.  
Civil • Environmental Engineering

P.O. Box 360035 • Tampa, FL 33673-0035  
Phone (813) 232-1997 • Fax (813) 232-1998  
Email: Point.Builders@verizon.net

March 20, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Point West Engineering Inc  
P05000161936

Thank you for your letter regarding the missing information on our annual report/uniform business report.

I have placed our federal employer identification number on the copy you sent to us and returning it in this envelope.

Sincerely,

A handwritten signature in cursive script that reads "Melissa G. Cosgrove".

Melissa G. Cosgrove  
Business Administrator