
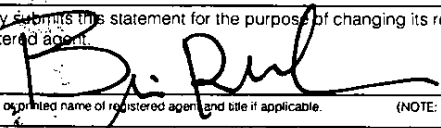
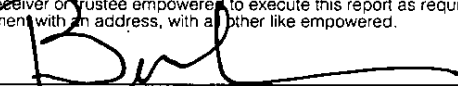


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90091 026 ***150.00

DOCUMENT # P06000017195 1. Entity Name HYDRO ENGINEERING & MAPPING, INC.					
Principal Place of Business 924 SE CENTRAL PARKWAY, SUITE 112 STUART, FL 34994			Mailing Address 924 SE CENTRAL PARKWAY, SUITE 112 STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 7849 SW Ellipse Way		3. Mailing Address 7849 SW Ellipse Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 20-4284498	
Zip 34997		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMAHON, BRIAN R. 7881 SW ELLIPSE WAY STUART, FL 34997			7. Name and Address of New Registered Agent Name Brian R. McMahon Street Address 7849 SW Ellipse Way City Stuart, FL FL 34997		
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.</small>				DATE 4-5-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE PRES	NAME MCMAHON, BRIAN R.		TITLE D	NAME Randall McCafferty	
STREET ADDRESS 7881 SW ELLIPSE WAY	CITY-ST-ZIP STUART, FL 34997		STREET ADDRESS 7881 SW Ellipse Way	CITY-ST-ZIP Stuart, FL 34997	
TITLE VO	NAME MARQUEZ, EDUARDO		TITLE 	NAME 	
STREET ADDRESS 924 SE CENTRAL PARKWAY, SUITE 112	CITY-ST-ZIP STUART, FL 34994		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP Surveying	NAME WILSON, JOHN A		TITLE 	NAME 	
STREET ADDRESS 924 SE CENTRAL PARKWAY, SUITE 112	CITY-ST-ZIP STUART, FL 34994		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE C	NAME BURNS, JOHN V		TITLE 	NAME 	
STREET ADDRESS 924 SE CENTRAL PARKWAY, SUITE 112	CITY-ST-ZIP STUART, FL 34994		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP Operations	NAME Linda McCafferty		TITLE 	NAME 	
STREET ADDRESS 7849 SW Ellipse Way	CITY-ST-ZIP Stuart, FL 34997		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME Melissa Corbett		TITLE 	NAME 	
STREET ADDRESS 7849 SW Ellipse Way	CITY-ST-ZIP Stuart, FL 34997		STREET ADDRESS 	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 a power like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-5-07 (772) 2152282 <small>Days/Time Phone #</small>		