## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000008818

Address:

City-St-Zip:

2139 NE COACHMAN RD

CLEARWATER, FL 33765

Entity Name: TALLY ENGINEERING, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 300	25 AVENUE E PINES, FL	33028		SUITE 300	AMINGO RD Œ PINES, FL	33027	
Current Mailing Address:				New Mailing Address:			
1851 NW 125 AVENUE SUITE 300 PEMBROKE PINES, FL 33028				1806 N FLAMINGO ROAD SUITE 300 PEMBROKE PINES, FL 33028			
FEI Number:	65-0372419	FEI Number Applie	ed For ( ) FEI Nu	mber Not Appl	icable ( )	Certifica	ate of Status Desired ( )
Name and	Address of C	Current Registere	d Agent:	Name and	Address of	New Reg	jistered Agent:
BOROJERD, PIROOZ 6121 CYPRESS RD PLANTATION, FL 33317 US				BOROJERD, PIROOZ 1806 N FLAMINGO ROAD PEMBROKE PINES, FL 33028 US			
The above in the State		submits this statem	nent for the purpose o	of changing i	ts registered	office or r	registered agent, or both,
SIGNATURE: PIROOZ BOROJERDI				04/30/2008			
	Electror	nic Signature of Re	gistered Agent				Date
Election Carr	npaign Financin	g Trust Fund Contrib	ution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) AMIRI, SOHILL 6121 CYPRES PLANTATION, F	SRD		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	V () BOROJERDI, F 6121 CYPRES: PLANTATION, F	SRD		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name:	D ( ) KLAUS, KEVIN	) Delete		Title: Name:	D () KLAUS, KEVIN		( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

2139 NE COACHMAN RD

CLEARWATER, FL

SIGNATURE: PIROOZ BOROJERDI D 04/30/2008