2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000042203

1. Entity Name
ENGECON, INC.

Principal Place of Business	Mailing Address
9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411	9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

04102007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0620702		Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAITE, ROBERT G
9872 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411

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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 _Robert G. Waite_   4/9/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000707669
04/24/07-90083-012 159.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WAITE SARRION, LOURDES
STREET ADDRESS	9872 ROYAL CARDIGAN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VSD
NAME	WAITE, ROBERT G.
STREET ADDRESS	9872 ROYAL CARDIGAN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _Lourdes Sarrion Waite_ Pres.   4/9/07   561 753 1467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #