2007 FOR PROFIT CORPORATION

Feb 19, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P95000019068 02-19-2007 90057 010 ***158.75 M.P.R. ENGINEERING, CORP., INC. Principal Place of Business Mailing Address 40020317 2123 IUDITH PLACE 2123 JUDITH PLACE LONGWOOD, FL 32779 US LONGWOOD, FL 32779 2. Principal Place of Business - No P.O. Box # 3. 9408 WEATHERSTONE COURT 3. Mailing Address STONE 9608 WEATHER STONE Suite, Apt. #, etc. Suite. Apt. #, etc. 02132007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For WINDERMERE, FL WINDER MERE, FL 59-3304765 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 34786 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOVVA P. REDDY REDDY, MOVVA P Street Address (P.O. Box Number is Not Acceptable) 2123 JUDITH PLACE LONGWOOD, FL 32779 WETHER STONE COURT 9608 Zip Code 3 4786 WINDERMERE 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. 1 am lamiliar with, and accept the obligations of registered agent REDDY MOVVA P. REDDY Prindent, 2-13-2007 ent and title of applicable. (NOTE Registered Agent signature required when revisitating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Prindery MOVVA P. REDDY ☐ Delete TITLE ☐ Change ☐ Addition TITLE REDDY, MOVVA P NAME 9608 WEATHER STONE COURT STREET ADDRESS 2123 JUDITH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL WINDERMERE, FL-34786 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 all other like empowered.

FILED