2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # P96000009852 1. Entity Name CUSTOM ENGINEERING DESIGN, INC.

FILED Mar 17, 2004 8:00 am Secretary of State 03-17-2004 90007 048 ***150.00

				O WE			
Principal Place of Business Mailing Address							
1299 SOUTH OCEAN BLVD.		1299 SOUTH OCEAN BLVD.					
R-11 BOCA RATON FL 33432		R-11 BOCA RATON FL 33432					
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2. Principal Place of Business		3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			EEI Number +		pplied For
City & State		City & State		"	65-06/23/5		ot Applicable
Zip	Country	Zip	Country	- 5	Certificate of Status Desired	\$8.75 Ac	
			<u></u>		Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
MOLLER, HANS C							
129	9 SOUTH OCEAN BLVD.	Street Addres		et Address (P.O.	Box Number is Not Acceptable)		
R-11							
BOC	CA RATON FL 33432						
			City			FL Zip Co	de
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. Lam familiar with, and accept							
the obligations of registered agent.							
SIGNATURE							
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 9. Election Campaign Financing \$5.00 May Be							00 May 8a
After May 1, 2004 Fee will be \$550.00 Added to Fee Make Check Rayable to Florida Department of State							
Programme Control Control Control	e registrative i primater elevative en la constantive i publicario de la constantiva de la constantiva de la c	\$5000MH25000V					
TITLE:	OFFICERS AND	···	11.		DDITIONS/CHANGES TO OFFICE		
NAME *	MOLLER, HANS C	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	1299 SOUTH OCEAN BLVD., R-11		STREET ADDR	ss			ì
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP				
TITLE	DST	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SMITH, LISA K		NAME				
STREET ADDRESS	1299 SOUTH OCEAN BLVD., R-11		STREET ADDR	SS			İ
CITY-ST-ZIP	BOCA RATON FL 33432	<u> </u>	CITY-ST-ZIP				
TITLE NAME	المراجع المعارض والمعارض والمع	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	8-1 July 5, 228 - 2 22-10, 1 11 1 2	· · · · · · · · · · · · · · · · · · ·	STREET ADDR	iss			
CITY-ST-ZIP	•		CITY-ST-ZIP				Ì
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				İ
STREET ADDRESS			STREET ADDR	SS			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		Delete	TITLE			☐ Change	Addition
STREET ADDRESS			STREET ADDR	:55			
CITY-ST-ZIP		•	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME	,		NAME				
STREET ADDRESS			STREET ADDR	ESS			,
			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR