2008 FOR PROFIT CORPORATION

SIGNATURE:

Jan 10, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P96000028898 01-10-2008 90010 017 ***158.75 1. Entity Name MOHAN ENGINEERING, INC. Principal Place of Business Mailing Address 13630 58TH ST N 13630 58TH ST N SUITE 107 SUITE 107 CLEARWATER, FL 33760 CLEARWATER, FL 33760 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3379190 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOHAN, GEORGE EDMUND IV DO NOT WRITE 495 HICKORYNUT AVE. OLDSMAR, FL 34677 IN THIS SPACE 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE MOHAN, GEORGE EDMUND IV NAME 405 HICKORYNUT AVE. 13630 58th St. N. OLDSMAR EL 34677- C/EGIWAR, FL Suite 107 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplimental 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 employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED