2008 FOR PROFIT CORPORATION

Apr 14, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P96000052635** INTERNATIONAL ENGINEERING ASSOCIATES, INC. Principal Place of Business Mailing Address 315 SE MIZNER BLVD. STE 200 315 SE MIZNER BLVD. STE 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 No Chg-P CR2E034 (11/05) 04042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0674477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent NELSON, ALBERT C DO NOT WRITE 315 SE MIZNER BLVD. STE 200 BOCA RATON, FL 33432 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 the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 - Trust Fund Contribution. Added to Fees U00000895734 /24/08-80080-After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 PST TITLE NELSON, ALBERT C NAME 3155 SE MIZNER BLVD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 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.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT C. NELSON

FILED