## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P96000056356 04-23-2007 90068 048 \*\*\*150.00 NORTEK ENGINEERING SERVICES, INC. Mailing Address Principal Place of Business 1320 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118 1320 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3386969 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ivame INTERNATIONAL FUNDS-SPIEGEL & UTRERA, P.A. Street Address (PMANAGEMENT CORP. 1840 SOUTHWEST 22 STREET Diplomatic Towers 4TH FL 101 Seabreeze Boulevard, Suite 107 MIAMI FL 33145 Daytona Beach, FL 32118 City. Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST □ Change ■ Addition HDF Delete THE BEACH, RONALD J NAME NAMI 1317 N HALIFAX AVE STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32118 CHY-SI-ZIP CITY ST 7IP ☐ Delete ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-7IP ☐ Change mur ☐ Delete Addition HIRE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY ST-ZIP ☐ Change TOLE: Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7)P CITY ST ZIE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY - ST-70P Delete Change ☐ Addition THU: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #