


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90054 022 \*\*\*150.00

<b>DOCUMENT # P97000024698</b>			
1. Entity Name <b>BRENNAN ENGINEERING, INC.</b>			
Principal Place of Business <b>1421 SW 17TH STREET BOCA RATON, FL 33486 US</b>		Mailing Address <b>1421 SW 17TH STREET BOCA RATON, FL 33486 US</b>	
2. Principal Place of Business <b>1600 S. DIXIE HWY Suite # 400 BOCA RATON, FL 33432 U.S.A.</b>		3. Mailing Address <b>1600 S. DIXIE HWY Suite 400 BOCA RATON, FL 33432 U.S.A.</b>	
4. FEI Number <b>65-0733614</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BRENNAN, SCOTT 1421 SW 17TH STREET BOCA RATON, FL 33486</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRENNAN, SCOTT 1421 SW 17TH STREET BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
<b>SIGNATURE:</b> _____		Date <b>1/13/05</b> Daytime Phone # <b>561-392-3748</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40004073



01052005 Chg-P CR2E034 (10/03)