

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031436

FILED
May 01, 2004
Secretary of State

Entity Name: COMPUTATIONAL ENGINEERING TECHNOLOGIES, INC.

Current Principal Place of Business:

1059 WILLA LAKE CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1059 WILLA LAKE CIRCLE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3440199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JOHN M
110 UNIVERSITY PARK DRIVE
STE 115
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KASSAB, ALAIN
Address: 1059 WILLA LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: DS () Delete
Name: KASSAB, LINDA
Address: 1059 WILLA LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VPFR () Delete
Name: DIVO, EDUARDO
Address: 2888 SAND BLUFF COVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN KASSAB

DPT

05/01/2004

Electronic Signature of Signing Officer or Director

Date