2006 FOR PROFIT CORPORATION

Apr 28, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P97000069057** 04-28-2006 90170 007 ***150.00 1. Entity Name M G D ENGINEERING, INC. Principal Place of Business Mailing Address 2806 NORTH 46TH AVE 2806 NORTH 46TH AVE SUITE D-341 SUITE D-341 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US Principal Place of Business 208061 04202006 Chg-P CR2E034 (11/05) 2806No 46 AVE \$541te D34 Sussisine 4. FEI Number Applied For 65-0775185 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Broward Snowara Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNSHINE, MORTON Street Address (P.O. Box Number is Not Acceptable) 2806 NORTH 46TH AVE SUITE D-341 HOLLYWOOD, FL 33021 City Zip Code FL 8. The above named entity pubmits 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD TITLE ☐ Delete TITLE ☐ Change Addition SUNSHINE, MORTON NAME NAME 2806 NORTH 48TH AVE, D-341 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

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.