


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 003 ***150.00

DOCUMENT # P97000079357

1. Entity Name
TECH ONE ENGINEERING, INC.



Principal Place of Business Mailing Address
134 TIMBER LANE **134 TIMBER LANE**
JUPITER, FL 33458 **JUPITER, FL 33458**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02232005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0796481 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MATTHEWS, JOSEPH
860 US HWY ONE, STE. 210
N. PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **BURGE, JOSEPH C**
 STREET ADDRESS **1 RABBITS RUN**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** Change Addition
 NAME **Burge, Joseph C**
 STREET ADDRESS **134 Timber Lane**
 CITY-ST-ZIP **Jupiter, Fl. 33458**

TITLE **P** Delete
 NAME **BURGE, JANE E**
 STREET ADDRESS **1 RABBITS RUN**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33418**

TITLE **P** Change Addition
 NAME **Burge, Jane E**
 STREET ADDRESS **134 Timber Lane**
 CITY-ST-ZIP **Jupiter, Fl. 33458**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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.

SIGNATURE: *Joseph C. Burge* **2/23/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #