


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90011 038 ***158.75

DOCUMENT # P97000086042	
1. Entity Name COMPREHENSIVE ENGINEERING SERVICES, INC.	

Principal Place of Business 201 SOUTH ORANGE AVE STE 1300 ORLANDO, FL 32801-3417 US	Mailing Address P O BOX 2046 ORLANDO, FL 32802-2046 US
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2. Principal Place of Business		3. Mailing Address 201 South Orange Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1300	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
		32801	US



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3472222		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHIPLEY, ARTHUR L 3274 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772		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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SIMONEAUX, CHRISTOPHER A <input type="checkbox"/> Delete 1611 HOLTS GROVE CIRCLE WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAGAHEY, RONALD E <input type="checkbox"/> Delete 2009 CHAPMAN OAKS DRIVE OVIEDO, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD MAGAHEY, RONALD E 11778 WEST WATERWAY DRIVE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIPLEY, ARTHUR L <input type="checkbox"/> Delete 3274 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V PETROSILLO, JOHN 4008 BOUNCE DRIVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Ronald E. Magahey*; **RONALD E. MAGAHEY** 1/18/06 (407) 423-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #