


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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 201 S ORANGE AVE STE 1300 ORLANDO, FL 32801 US
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01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3472222	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIPLEY, ARTHUR L 3274 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000789675 01/23/08-80003-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SIMONEAUX, CHRISTOPHER A 1611 HOLTS GROVE CIRCLE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAGAHEY, RONALD E 11778 W WATERWAY DR HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIPLEY, ARTHUR L 3274 COUNTRYSIDE VIEW DR. SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETROSILLO, JOHN 4008 BOUNCE DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Arthur L. Shipley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/15/08</u> Date	<u>(407)423-1600</u> Daytime Phone #
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