2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000108396

BABCOCK ENGINEERING, INC.



Principal Place of Business

9200 S. DADELAND BLVD.

SUITE 103

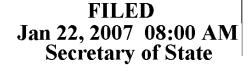
MIAMI, FL 33156

Mailing Address

9200 S. DADELAND BLVD.

SUITE 103

MIAMI, FL 33156





01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0806379

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Age	ınt

BABCOCK, CALVIN H 9200 S. DADELAND BLVD **SUITE 103** MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	of applicable /NOTE Designated	Acont avanglure	required when reinstating)	DATE
	Signature, typed or printed traine or registered agent and the	rappidade, (140 L. Nogistered	Agont signatore	requiso when remaining/	OFFE .
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BABCOCK, CALVIN H 9200 S. DADELAND BLVD., SUITE 10 MIAMI, FL 33156	03			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			.		U00000594794 01/23/07-80014-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 will an address, with all prifer like suppoper.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR