2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P98000006203** 1. Entity Name 04-27-2005 90327 010 ***150.00 KNAUFF ENGINEERING, INC. Principal Place of Business Mailing Address 4777 SE WINTER HAVEN CT. 4777 SE WINTER HAVEN CT. STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business 3. Mailing Address 5117 Laird Lane 5117 Laird Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 03202005 Chg-P CR2E034 (10/03) City & State Jupiter, City & State 4. FEI Number Applied For FLJupiter, FL 65-0804155 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33458 33458 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNAUFF, DOUGLAS G Street Address (P.O. Box Number is Not Acceptable) 4777 SE WINTER HAVEN CT. 5117 Laird Lane STUART, FL 34997 City upiter 33458 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete TITLE Change ☐ Addition TITLE KNAUFF, DOUGLAS G NAME NAME 5117 Laird Lane STREET ADDRESS 4777 SE WINTER HAVEN CT. STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL 33458 Addition ☐ Delete TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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 with an address, with other like empowered.

DOUGLAS G. KNAUFF

NAME OF SIZMING OFFICER OR DIRECTOR

SIGNATURE:

4/23/05 772-631-4670

FILED