


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000047718 1. Entity Name FORENSIC ENGINEERING CONSULTANTS, INC.	
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Principal Place of Business 18062 CLEARBROOK CIRCLE BOCA RATON, FL 33498	Mailing Address PO BOX 970034 BOCA RATON, FL 33497
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0923344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAILAPPAN, R N 18062 CLEARBROOK CIRCLE BOCA RATON, FL 33498

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	000000503247 04/26/06-80025-020 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAILAPPAN, R N 18062 CLEARBROOK CIRCLE BOCA RATON, FL 33498
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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: R. N. Sailappan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	R.N. SAILAPPAN 22 FEB 2006 (SG) 901 8490 <small>Date Daytime Phone #</small>