## **FILED** 2006 FOR PROFIT CORPORATION May 08, 2006 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P99000109269 ENGINEERING CONTRACT PERSONNEL, INC. Principal Place of Business Mailing Address 4322 ANDERSON ROAD 4322 ANDERSON ROAD ORLANDO, FL 32812 US ORLANDO, FL 32812 US CR2E034 (11/05) 01092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-1728209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAHOR, MICHAEL P DO NOT WRITE 4322 ANDERSON ROAD ORLANDO, FL 32812 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BAHOR, MICHAEL P NAME U00000563385 05/20/06-80010-006 150.00 4322 ANDERSON RD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 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 of 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:

TITLE NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

407-658-0512

Daytime Phone #