


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 011 ***150.00

DOCUMENT # S02354 1. Entity Name DEYOUNG ENGINEERING & MANAGEMENT, INC.	
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Principal Place of Business 6409 TRACTOR RD- SEBRING, FL 33876-5740 US	Mailing Address 6409 TRACTOR RD- SEBRING, FL 33876-5740 US
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2. Principal Place of Business - No P.O. Box # 732 Western Blvd. Suite, Apt. #, etc.	3. Mailing Address 732 Western Blvd. Suite, Apt. #, etc.
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City & State Lake Placid, FL	City & State Lake Placid, FL
Zip 33852-2322	Country USA

40114640



05012007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3028917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEYOUNG, CURTIS J 6409 TRACTOR RD- SEBRING, FL 33876-5740-	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 732 Western Blvd. City Lake Placid FL Zip Code 33852-2322
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DEYOUNG, CURTIS J 6409 TRACTOR ROAD- SEBRING, FL 33876-5740- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 732 Western Blvd. Lake Placid, FL 33852-2322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DEYOUNG, LINDA 6409 TRACTOR ROAD- SEBRING, FL 33876-5740- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 732 Western Blvd. Lake Placid, FL 33852-2322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Curtis J. DeYoung, Pres.	4-39-07	(863) 386-0330
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>