

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30305

FILED
Jan 10, 2006
Secretary of State

Entity Name: PROJECT CONTROLS OF FLORIDA, INC.

Current Principal Place of Business:

10792 EL PARAISO PLACE
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

10792 EL PARAISO PLACE
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 65-0276014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAP SERVICE CORPORATION
4800 N. FEDERAL HIGHWAY
SUITE 307-B
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IMBRES, JOHN S.,
Address: 10792 EL PARAISO PLACE
City-St-Zip: DELRAY BCH., FL 33446

Title: VP () Delete
Name: IMBRES, SUSAN K.,
Address: 10792 EL PARAISO PLACE
City-St-Zip: DELRAY BCH., FL 33446

Title: S () Delete
Name: IMBRES, SUSAN K.,
Address: 10792 EL PARAISO PLACE
City-St-Zip: DELRAY BCH., FL 33446

Title: DT () Delete
Name: IMBRES, JOHN,
Address: 10792 EL PARAISO PLACE
City-St-Zip: DELRAY BCH., FL 33446

Title: D () Delete
Name: IMBRES, SUSAN K.,
Address: 10792 EL PARAISO PLACE
City-St-Zip: DELRAY BCH., FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. IMBRES

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date