2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85127

Name:

Address: City-St-Zip: MCBEE, GEORGE

2300 CURLEW ROAD SUITE 100

PALM HARBOR, FL 34683

FILED Mar 20, 2007 Secretary of State

Entity Name: AVID ENGINEERING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2300 CURLEW ROAD SUITE 100 PALM HARBOR, FL 34683 US **New Mailing Address: Current Mailing Address:** 2300 CURLEW ROAD SUITE 100 PALM HARBOR, FL 34683 US FEI Number: 59-3085659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STUEBS, STEVEN J STUEBS, STEVEN J 2300 CURLEW ROAD 2300 CURLEW RD STE 100 PALM HARBOR, FL 34683 US SUITE 100 PALM HARBOR, FL 34683 US 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: 03/20/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FINNEGAN, ROBERT Name: Name: 2300 CURLEW ROAD, SUITE 100 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: STUEBS, STEVEN J Name: STUEBS, STEVEN J 198 CYPRESS TRACE 2300 CURLEW ROAD, SUITE 100 Address: Address: TARPON SPRINGS, FL 34680 PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, TRACY Name: Name: 2300 CURLEW ROAD SUITE 100 Address Address: PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CALDERA, JANE Name: Name: Address: 2300 CURLEW ROAD SUITE 100 Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TRACY SCOTT Τ 03/20/2007