2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V61995

1. Entity Name
ENGINEERING PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
1720 W CLEVELAND ST STE E TAMPA, FL 33606 US	1720 W CLEVELAND ST SUITE E TAMPA, FL 33606 US

DO NOT WRITE IN THIS SPACE

02142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3143442	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STENLUND, GARY
1720 W CLEVELAND ST
SUITE E
TAMPA, FL 33606

DO NOT WRITE 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 title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution   ☒   **$5.00** May Be Added to Fees

U00000898755
04/28/08-80011-003 163.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	STENLUND, GARY
STREET ADDRESS	1111 HUMMINGBIRD LANE
CITY-ST-ZIP	BRANDON, FL

TITLE	D
NAME	STEENSRUD, MARY L.
STREET ADDRESS	4716 DOVER CLIFF CT.
CITY-ST-ZIP	DOVER, FL: 335276352

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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 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: _Mary L. Steensrud_   MARY L. STEENSRUD 04/02/08 813.251.6848
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #