


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F05000001297</b>	
1. Entity Name R.A. GIOVANETTI & ASSOC. CONSULTING ENGINEERS, INC.	

Principal Place of Business 370 REED RD., SUITE 201 BROOMALL, PA 19008	Mailing Address 370 REED RD., SUITE 201 BROOMALL, PA 19008
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**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2407612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GIOVANETTI, RICHARD A 370 REED RD. SUITE 201 BROOMALL, PA 19008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHULMAN, MARK S 370 REED RD. SUITE 201 BROOMALL, PA 19008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIOVANETTI, CONNIE M 370 REED RD. SUITE 201 BROOMALL, PA 19008
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U00000790639  
 01/23/08-80042-017 150.00

**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: 

Date: 1/15/08 Daytime Phone #: 610 328 7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR