2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# F97000000895

Entity Name: ENTERPRISE ENGINEERING, INC.

Current Principal Place of Business:

5 DEPOT STREET
SUITE 23
FREEPORT, ME 04032 US

New Principal Place of Business:

Current Mailing Address:

5 DEPOT STREET
SUITE 23
FREEPORT, ME 04032 US

New Mailing Address:

FEI Number: 03-0265785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: BROOKS, STEPHEN S
Address: 5 DEPOT STREET, SUITE 23
City-St-Zip: FREEPORT, ME 04032

Title: VTD ( ) Delete
Name: MURPHY, KEVIN S
Address: 3335 ARCTIC BLVD SUITE 100
City-St-Zip: ANCHORAGE, AK 99503

Title: VD ( ) Delete
Name: CAIN, GARY S
Address: 3335 ARCTIC BLVD STE 100
City-St-Zip: ANCHORAGE, AK 99503

Title: VSD ( ) Delete
Name: WIRONEN, ALAN M
Address: 5 DEPOT STREET
City-St-Zip: FREEPORT, ME 04032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change ( ) Addition
Name: MURPHY, KEVIN S
Address: 2525 GAMBELL STREET, SUITE 200
City-St-Zip: ANCHORAGE, AK 99503

Title: VD (X) Change ( ) Addition
Name: CAIN, GARY S
Address: 2525 GAMBELL STREET, SUITE 200
City-St-Zip: ANCHORAGE, AK 99503

Title: VSD (X) Change ( ) Addition
Name: WIRONEN, ALAN M
Address: 5 DEPOT STREET, SUITE 23
City-St-Zip: FREEPORT, ME 04032

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN S. BROOKS PD 01/28/2005

Electronic Signature of Signing Officer or Director Date