2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

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Entity Name: FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.

Current Principal Place of Business:

1180 CELEBRATION BLVD
CELEBRATION, FL 34747 US

New Principal Place of Business:

1180 CELEBRATION BLVD
SUITE 103
CELEBRATION, FL 34747 US

Current Mailing Address:

ONE PORTLAND SQUARE
P.O. BOX 586
PORTLAND, ME 041120586 US

New Mailing Address:

FEI Number: 59-3234149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CLARK, ROBERT	
Address:	11 W PRESQUE ISLE RD	
City-St-Zip:	CARIBOU, ME 04736	
Title:	D	( ) Delete
Name:	KISH, LORETTA	
Address:	1050 W. NASA BLVD. STE. 114	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	D	(X) Delete
Name:	ASTOLFI, TED	
Address:	229 COCONUT AVE.	
City-St-Zip:	STUART, FL 34996	
Title:	DC	(X) Delete
Name:	LUSSIER, GENE	
Address:	708 NE 20TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	DST	(X) Delete
Name:	PULKKINEN, BRUCE W	
Address:	4 ARCHITECTURAL DR	
City-St-Zip:	WINDHAM, ME 04062	
Title:	D	(X) Delete
Name:	JONES, KINZY	
Address:	10555 W. FLAGER ST., RM. 3442	
City-St-Zip:	MIAMI, FL 33174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	ST	(X) Change ( ) Addition
Name:	PULKKINEN, BRUCE W	
Address:	4 ARCHITECTURAL DRIVE	
City-St-Zip:	WINDHAM, ME 04062	
Title:	C	(X) Change ( ) Addition
Name:	LUSSIER, GENE	
Address:	708 NE 20TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE W. PULKKINEN ST 04/14/2009

Electronic Signature of Signing Officer or Director — Date