2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738814

FILED Jan 13, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA COMPONENT MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

375 EAST HIGHWAY 50 2722 APOPKA BLVD. CLERMONT, FL 34711 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

 375 EAST HIGHWAY 50
 2722 APOPKA BLVD.

 CLERMONT, FL 34711
 US
 APOPKA, FL 32703
 US

FEI Number: 59-1745261 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:

RANIERI, WILLIAM M
375 EAST HIGHWAY 50
CLERMONT, FL 34711
US
RANIERI, WILLIAM M
2722 APOPKA BLVD.
APOPKA, FL 32703
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: 01/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 RANIERI, WILLIAM M
 Name:
 RANIERI, WILLIAM M

 Address:
 375 EAST HIGHWAY 50
 Address:
 2722 APOPKA BLVD.

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 APOPKA, FL 32703

Title: PD () Delete Title: () Change () Addition

 Name:
 STILLWAGON, CHUCK
 Name:

 Address:
 32506 CR 473
 Address:

 City-St-Zip:
 LEESBURG, FL 34780
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 HEINE, BILL
 Name:

 Address:
 7067 SAMPEY RD.
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. RANIERI TD 01/13/2006