


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 765160 1. Entity Name THE FLORIDA ASSOCIATION OF GOVERNMENTAL FLEET ADMINISTRATORS, INC.	
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Principal Place of Business 115 S. ANDREWS AVE. #501 ATTN: GREG SITNEK FT. LAUDERDALE, FL 33301 US	Mailing Address 115 S. ANDREWS AVE. #501 ATTN: GREG SITNEK FT. LAUDERDALE, FL 33301 US
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0245502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SITNEK, GREG 115 S. ANDREWS AVE. #501 FT. LAUDERDALE, FL 33301
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**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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSTON, SAM 2581 COMMONWEALTH HWY JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROFT, DAN 2901 COUNTY BARN RD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRACE, MIKE 3301 GUN CLUB RD. WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SITNEK, GREG 115 S. ANDREWS AVE. #501 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/06-80004-001 61.25

**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 617, 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:  **Greg Sitnek, Treasurer** **1-18-06** **954-357-6499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #