

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005903

FILED
Jul 18, 2006
Secretary of State

Entity Name: COMPRESSOR CONTROLS CORPORATION

Current Principal Place of Business:

1605 MAIN STREET, STE 711
SARASOTA, FL 342365833

New Principal Place of Business:

Current Mailing Address:

2160 SATELLITE BLVD., SUITE 200
DULUTH, GA 30097

New Mailing Address:

FEI Number: 42-1273676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PC () Delete
Name: WINFREY, TIMOTHY J
Address: 2689 TRANQUILLA WAY
City-St-Zip: DULUTH, GA 30097

Title: VPVC () Delete
Name: SONI, PAUL J
Address: 4061 GLEN VISTA COURT
City-St-Zip: DULUTH, GA 30097

Title: SD () Delete
Name: LINER, DAVID B
Address: 2221 BLOOMFIELD
City-St-Zip: WEST BLOOMFIELD, MI 48323

Title: T () Delete
Name: IVERS, TINA
Address: 4725 121ST
City-St-Zip: DES MOINES, IA 50323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: PAUL J. SONI

VPVC

07/18/2006

Electronic Signature of Signing Officer or Director

Date