

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000908

FILED
Jan 06, 2006
Secretary of State

Entity Name: MECHANICAL POWER TRANSMISSION ASSOCIATION, INC.

Current Principal Place of Business:

6724 LONE OAK BLVD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6724 LONE OAK BLVD.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 36-6109910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINFRIED, ROBERT A
4303 INCA DOVE CT
NAPLES, FL 34119 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: BOYD, GEORGE
Address: PO BOX 96
City-St-Zip: COLUMBUS, GA 31902

Title: ED () Delete
Name: REINFRIED, ROBERT A
Address: 6724 LONE OAK BLVD.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: CODER, TOOK
Address: 440 NORTH FIFTH AVE
City-St-Zip: CHAMBERSBURG, PA 17201

Title: P () Delete
Name: FANNIN, DAN
Address: P O BOX 687
City-St-Zip: MAYSVILLE, KY 41056

Title: D () Delete
Name: TAYOR, PAUL
Address: 3100 SPROCKET DRIVE
City-St-Zip: ARLINGTON, TX 76015

Title: D () Delete
Name: CANNON, PETE
Address: ONE PRESTIGE PL
City-St-Zip: MIAMISBURG, OH 45342

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:

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

Title: D (X) Change () Addition
Name: RAMPE, JOHN
Address: 1246 HIGH STREET
City-St-Zip: FAIRPORT HARBOR, OH 44077

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: ROBERT A. REINFRIED

ED

01/06/2006

Electronic Signature of Signing Officer or Director

Date