


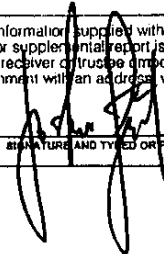
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Jul 12, 2006 8:00 am
Secretary of State

06-29-2006 90002 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

66021651



DOCUMENT # F98000004406					
1. Entity Name LIPPERT COMPONENTS MANUFACTURING, INC.					
Principal Place of Business 2375 TAMiami TRAIL, NORTH SUITE 110 NAPLES, FL 34103			Mailing Address 2375 TAMiami TRAIL, NORTH SUITE 110 NAPLES, FL 34103		
2. Principal Place of Business			3. Mailing Address 2766 College Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Goshen, IN		
Zip	Country	Zip	Country	4. FEI Number 38-3420528	
46528	USA	46528	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	LIPPERT, JASON				
STREET ADDRESS	2766 COLLEGE AVE				
CITY- ST- ZIP	GOSHEN, IN 46528				
TITLE	V	<input type="checkbox"/> Delete			
NAME	MERENESS, SCOTT				
STREET ADDRESS	2766 COLLEGE AVE				
CITY- ST- ZIP	GOSHEN, IN 46528				
TITLE	S	<input type="checkbox"/> Delete			
NAME	GIORDANO, JOE				
STREET ADDRESS	200 MAMARONECK				
CITY- ST- ZIP	WHITE PLAINS, NY 10601				
TITLE	T	<input type="checkbox"/> Delete			
NAME	LIPPERT, JOSHUA				
STREET ADDRESS	2375 TAMiami TRAIL, N; STE 110				
CITY- ST- ZIP	NAPLES, FL 34103				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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 it 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  CF					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/27/06 Time: 5:14:535-2085					