2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005133

FILED Aug 06, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA UTILITY & TRANSPORTATION CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4859 HORTON ST COCOA, FL 32927 **Current Mailing Address: New Mailing Address:** 4859 HORTON ST P.O. BOX 10097 COCOA, FL 32927 COCOA, FL 32927 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEWITT, KAREN DEWITT, KAREN 4859 HORTON ST 4859 HORTON ST COCOA, FL 32929 US US COCOA, FL 32927 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: KAREN A. DEWITT 08/06/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MEHEGAN, THOMAS Name: Name: P O BOX 10097 Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: () Delete Title: () Change () Addition BREWER, BILLY JOE Name: Name: Address: P O BOX 10097 Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: () Delete Title: () Change () Addition OPFER, JESSICA Name: Name: Address: P.O. BOX 10097 Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OPFER, THOMAS Name: P O BOX 10097 Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: Title: () Delete () Change () Addition DEWITT, KAREN Name: Name: P O BOX 10097 Address: Address: City-St-Zip: COCOA, FL 32927 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: KAREN A. DEWITT D 08/06/2006