


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90102 012 \*\*\*\*61.25

<b>DOCUMENT # N94000000477</b>		
1. Entity Name FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.		

Principal Place of Business 1180 CELEBRATION BLVD CELEBRATION, FL 34747 US	Mailing Address ONE PORTLAND SQUARE P.O. BOX 586 PORTLAND, ME 04112-0586 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40061000



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3234149	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		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 \_\_\_\_\_  
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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLARK, ROBERT			NAME	DANA CONNORS		
STREET ADDRESS	302 MAIN STREET			STREET ADDRESS	7 UNIVERSITY DRIVE		
CITY-ST-ZIP	CARIBOU, ME 04736			CITY-ST-ZIP	AUGUSTA, ME 04330		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STIMAC, AL			NAME	FRANK KINNEY		
STREET ADDRESS	121 CENTRAL PARK PLACE			STREET ADDRESS	5195 SOUTH WASHINGTON AVENUE		
CITY-ST-ZIP	STANFORD, FL 32771			CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ASTOLFI, TED			NAME	RICHARD PECK		
STREET ADDRESS	2400 SE FEDERAL HIGHWAY			STREET ADDRESS	300 STEVENS AVENUE		
CITY-ST-ZIP	STUART, FL 34994			CITY-ST-ZIP	OLDSMAR, FL 34677		
TITLE	D/C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUSSIER, GENE			NAME			
STREET ADDRESS	708 NE 20TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULKKINEN, BRUCE W			NAME			
STREET ADDRESS	684 ROOSEVELT TRAIL			STREET ADDRESS			
CITY-ST-ZIP	WINDHAM, ME 04062			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, KINZY			NAME			
STREET ADDRESS	10555 W. FLAGLER ST., RM. 3442			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174			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 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  April 19, 2006 207-892-3238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #