2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001244

FILED Mar 20, 2007 Secretary of State

Entity Name: CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2300 VIRGINIA AVE FT PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 2300 VIRGINIA AVE FT PIERCE, FL 34982 FEI Number: 59-3231002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAUM, LARRY 2300 VIRGINIA AVE FT PIERCE, FL 34982 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEGENER, PAUL J BABCOCK, TOM Name: Name: 10521 SW VILLAGE CENTER DR STE 201 Address: 261 MARINA DRIVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition SMITH, VERNON Name: MICHAEL, JACQUIN Name: Address: 1600 S US 1 Address: 7348 COMMERCIAL CIRCLE City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34951 Title: () Delete Title: () Change () Addition HOWARD, RUDY Name: Name: Address: 8495 S US 1 Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: BABCOCK, THOMAS Name: JANE, ROWLEY 10521 SW VILLAGE CENTER DRIVE Address: 261 MARINA DRIVE Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: PORT ST. LUCIE, FL 34987 Title: () Delete Title: (X) Change () Addition WILCOX, BILL WILCOX, BILL Name: Name: 3000 INDUSTRIAL AVENUE #3 2530 RAINBOW DRIVE Address: Address: FORT PIERCE, FL 34951 FORT PIERCE, FL 34946 City-St-Zip: 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: LARRY DAUM RΑ 03/20/2007