


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90027 043 \*\*\*\*61.25

<b>DOCUMENT # N94000002420</b>	
1. Entity Name <b>FLORIDA FREE TRADE ZONES ASSOCIATION, INC.</b>	

Principal Place of Business <b>JACKSONVILLE PORT AUTHORITY 2831 TALLEYRAND AVE JACKSONVILLE, FL 32206 US</b>	Mailing Address <b>JACKSONVILLE PORT AUTHORITY P.O. BOX 3005 JACKSONVILLE, FL 32206 US</b>
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2. Principal Place of Business <b>PT. OF PALM BEACH</b>	3. Mailing Address <b>PO BOX 9935</b>
Suite, Apt. #, etc. <b>ONE EAST 11th St. Suite 400</b>	Suite, Apt. #, etc.
City & State <b>RIVIERA BEACH, FL</b>	City & State <b>RIVIERA BEACH, FL</b>
Zip <b>33404</b>	Country <b>USA</b>
Zip <b>33419</b>	Country <b>USA</b>

08142006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent <b>CLAYTOR, DEBORAH 2831 TALLEYRAND AVE JACKSONVILLE, FL 32206</b>	
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7. Name and Address of New Registered Agent Name <b>LISA Schillig</b> Street Address (P.O. Box Number is Not Acceptable) <b>PORT OF PALM BEACH</b> <b>ONE EAST 11th St., Suite 400</b> City <b>RIVIERA BEACH</b> FL Zip Code <b>33404</b>	
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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 *Lisa Schillig President*

8/18/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, ROBERT 1850 ELLER DR FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSEY, SUSAN PO BOX 267, 200 GEORGE KING BLVD CAPE CANAVERAL, FL 32921 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTOR, DEBORAH 2831 TALLEYRAND AVE. JACKSONVILLE, FL 322063496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (P)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LISA SCHILLIG</b> <b>ONE EAST 11th St. Suite 400</b> <b>RIVIERA BEACH, FL 33404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT (VP)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEBORAH LOFTBERG</b> <b>2831 TALLEYRAND AVE</b> <b>JACKSONVILLE, FL 32206 (S/T)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SHANNON PINHOLSTER</b> <b>PO BOX 267</b> <b>CAPE CANAVERAL, FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shannon Pinholster* Secretary/Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shannon Pinholster* (321) 783-7831 x 211  
8/16/2006  
Date Daytime Phone #