## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0000000657

Entity Name: SWISS COMPONENTS, INC.

FILED May 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	W ROAD, UNIT RNE, FL 32904			
Current Mailing Address:		New Mailing Address:		
	W ROAD, UNIT RNE, FL 32904			
FEI Numbe	er: 59-3621487	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
4270 DON MELBOUI The above	CO, ABNER W ROAD, UNIT RNE, FL 32904  e named entity see of Florida.	I US	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU				
SICINATO	//\∟.			
	Electron	ic Signature of Registered Ag	ent	 Date
	nce with s. 607.19	3(2)(b), F.S., the corporation did n		Date
Election Ca	nce with s. 607.19	3(2)(b), F.S., the corporation did no	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS
Election Ca OFFICER Title: Name: Address:	nce with s. 607.19 ampaign Financing RS AND DIREC TD ( ) MORRIS, BERN 4270 DOW RO.	3(2)(b), F.S., the corporation did not grow that the contribution ( ). TORS:  Delete NICE AD, UNIT 205	ot receive the prior notice.	
Election Ca	nce with s. 607.19 ampaign Financing RS AND DIREC  TD () MORRIS, BERN 4270 DOW RO. MELBOURNE,  PD () TELEBRICO, A 4270 DOW RO.	3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ). TORS: Delete NICE AD, UNIT 205 FL 32904 Delete RNER AD, UNIT 205	ot receive the prior notice.  ADDITIONS/CHANGI  Title: Name: Address:	ES TO OFFICERS AND DIRECTORS
Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	rice with s. 607.19 ampaign Financing RS AND DIRECTOR TD ( ) MORRIS, BERN 4270 DOW RO. MELBOURNE, I PD ( ) TELEBRICO, A 4270 DOW RO. MELBOURNE, I VD ( ) TELEBRICO, F 4270 DOW RO.	3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ). TORS: Delete UICE AD, UNIT 205 FL 32904 Delete RNER AD, UNIT 205 FL 32904 Delete LORECIL R AD, UNIT 205	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI TELEBRILO SD 05/27/2006