


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000116475</b> 1. Entity Name <b>CNC DESIGN AUTOMATION, INC.</b>					
Principal Place of Business <b>2840 ALLEN HILL AVENUE SUITE C MELBOURNE FL 32940</b>			Mailing Address <b>2840 ALLEN HILL AVENUE SUITE C MELBOURNE FL 32940</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0821446</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRIMO, ANTHONY N JACOBY, BRINO, FIGUEROA &amp; CHASE 1581 ROBERT J. CONLAN BLVD. SUITE 107 PALM BAY FL 32905</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WRIGHT, DOUG</b>	NAME	<b>U000000753444</b>		
STREET ADDRESS	<b>477 RED SAIL WAY</b>	STREET ADDRESS	<b>05/24/07-80042-020 150.00</b>		
CITY- ST- ZIP	<b>SATELLITE BCH FL 32937</b>	CITY- ST- ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WRIGHT, DOUG JR</b>	NAME			
STREET ADDRESS	<b>418 NAUTICAL DR.</b>	STREET ADDRESS			
CITY- ST- ZIP	<b>SATELLITE BEACH FL 32937</b>	CITY- ST- ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WRIGHT, SUSAN</b>	NAME			
STREET ADDRESS	<b>567 GRANT AVE.</b>	STREET ADDRESS			
CITY- ST- ZIP	<b>SATELLITE BEACH FL 32937</b>	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 information.					
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>4/24/07</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					