


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000053948 1. Entity Name FACTORY TRANSMISSIONS, INC.	
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Principal Place of Business 1216 W WASHINGTON ST ORLANDO, FL 32805	Mailing Address 1216 W WASHINGTON ST ORLANDO, FL 32805 US
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DO NOT WRITE IN THIS SPACE

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03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3268502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRISANTE, MICHAEL JR 1216 W WASHINGTON ST ORLANDO, FL 32805

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IN THIS SPACE**

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 Michael Crisante 3-31-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRISANTE, MICHAEL C JR 1216 W WASHINGTON ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP IAQUINTO, FRANK V 1216 W WASHINGTON ST ORLANDO, FL
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04/18/06-80021-017 150.00

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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 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 empowered.

SIGNATURE: Michael Crisante 3-31-06 407-420-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #