


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90164 009 ***158.75

DOCUMENT # P98000061937

1. Entity Name
FEDERAL PROCESSING ASSISTANCE ASSOCIATION, CORP.



Principal Place of Business
 12501 SPRING HILL DRIVE
 SPRING HILL, FL 34609-5069

Mailing Address
 12501 SPRING HILL DRIVE
 SPRING HILL, FL 34609-5069

40000010



2. Principal Place of Business
4377 COMMERCIAL WAY

3. Mailing Address
4377 COMMERCIAL WAY

Suite, Apt. #, etc.
112 SUITE

Suite, Apt. #, etc.
SUITE # 112

City & State
SPRING HILL, FL.

City & State
SPRING HILL, FL.

Zip
34606

Country
HERNANDO

Zip
34606

Country
HERNANDO

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3527060

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOODIN, JAMES D.W.
12501 SPRING HILL DRIVE
BROOKSVILLE, FL 34609

7. Name and Address of New Registered Agent

Name
GOODIN, JAMES D.W.

Street Address (P.O. Box Number is Not Acceptable)
4377 COMMERCIAL WAY

City
SPRING HILL

FL

Zip Code
34606

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  **JAMES D.W. GOODIN** DATE **04-21-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODIN, LISA 17926 CALKINS CT SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOODIN, JAMES D.W. 12501 SPRING HILL DRIVE SPRING HILL, FL 346095069	<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
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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODIN, LISA 4377 COMMERCIAL WAY SUITE #112 SPRING HILL, FL. 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOODIN 4377 COMMERCIAL WAY SUITE #112 SPRING HILL, FL. 34606	<input checked="" 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
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 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:  **JAMES D.W. GOODIN** Date **4.21.06** Daytime Phone # **835-7132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR