


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # P98000061937**

1. Entity Name  
**FEDERAL PROCESSING ASSISTANCE ASSOCIATION, CORP.**



Principal Place of Business <b>4377 COMMERCIAL WAY          #112 SUITE          SPRING HILL, FL 34606</b>	Mailing Address <b>4377 COMMERCIAL WAY          #112 SUITE          SPRING HILL, FL 34606</b>
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3527060</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODIN, JAMES D.W.  
 4377 COMMERCIAL WAY  
 SPRING HILL, FL 34606**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

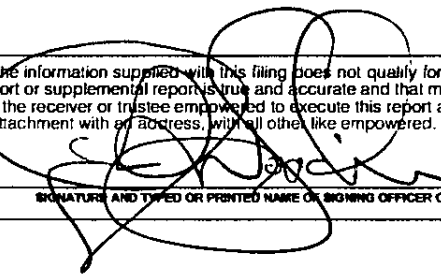
<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000949632 06/03/08-80035-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE <b>VP</b>	NAME <b>GOODIN, LISA</b>	STREET ADDRESS <b>4377 COMMERCIAL WAY STE 112</b>	CITY-ST-ZIP <b>SPRING HILL, FL 34606</b>
TITLE <b>PSD</b>	NAME <b>GOODIN, JAMES D.W.</b>	STREET ADDRESS <b>4377 COMMERCIAL WAY STE 112</b>	CITY-ST-ZIP <b>SPRING HILL, FL 34606</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
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TITLE <b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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 reports 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. GOODIN** **4-30-08** **(727) 856-5760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #