

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000071694

FILED
Aug 30, 2007
Secretary of State**Entity Name:** CONTROL MANUFACTURING ASSEMBLY, INC.**Current Principal Place of Business:**380 NORTH WICKHAM RD.
UNIT D
MELBOURNE, FL 32935**New Principal Place of Business:****Current Mailing Address:**380 NORTH WICKHAM RD.
UNIT D
MELBOURNE, FL 32935**New Mailing Address:****FEI Number:** 59-3593328**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DERBY, ELIZABETH A
380 NORTH WICKHAM RD.
UNIT D
MELBOURNE, FL 32935 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VP () Delete
Name: DERBY, ELIZABETH A
Address: 1883 MCKINLEY AVENUE
City-St-Zip: MELBOURNE, FL 32935**Title:** PST (X) Delete
Name: DERBY, VERNON E JR
Address: 1883 MCKINLEY AVENUE
City-St-Zip: MELBOURNE, FL 32935**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change () Addition
Name: DERBY, ELIZABETH A
Address: 1883 MCKINLEY AVENUE
City-St-Zip: MELBOURNE, FL 32935**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH A. DERBY

PST

08/30/2007

Electronic Signature of Signing Officer or Director_____
Date