

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 206841

Entity Name: DIMARE TAMPA, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 11040
TAMPA, FL 336801040

New Principal Place of Business:

8150 EAGLE PALM DR
RIVERVIEW, FL 33578 US

Current Mailing Address:

P.O. BOX 900460
HOMESTEAD, FL 330900460

New Mailing Address:

FEI Number: 59-0813011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LEJUNE RD
SUITE 1101
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIMARE, PAUL J.
Address: 258 N.W. 1ST AVE.
City-St-Zip: FLORIDA CITY, FL

Title: V () Delete
Name: BRUNO, CHARLES E.
Address: 2801 E. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: DIMARE, ANTHONY J.
Address: 258 N.W. 1ST AVE.
City-St-Zip: FLORIDA CITY, FL

Title: DV () Delete
Name: DIMARE, SCOTT M
Address: 258 NW 1ST AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: CFO () Delete
Name: FOLWELL, RONALD
Address: 258 NW 1ST AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: V () Delete
Name: TAYLOR, CHERYL A
Address: 1049 AVENUE N EAST
City-St-Zip: ARLINGTON, TX 76011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BRUNO, CHARLES E.
Address: 8150 EAGLE PALM DR
City-St-Zip: RIVERVIEW, FL 33578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: FOLWELL, RONALD L
Address: 258 NW 1ST AVE
City-St-Zip: FLORIDA CITY, FL 33034

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: RONALD L. FOLWELL

CFO

03/27/2009

Electronic Signature of Signing Officer or Director

Date