2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720119

FILED Jul 31, 2007 Secretary of State

Entity Name: GASPARILLA FESTIVAL OF THE ARTS, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 10591 2907 BAY TO BAY BOULEVARD

TAMPA, FL 336790591 SUITE 201

TAMPA, FL 33629 US

Current Mailing Address: New Mailing Address:

P.O. BOX 10591 P.O. BOX 10591

TAMPA, FL 336790591 TAMPA, FL 336790591 US

FEI Number: 23-7112792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELLIS, JONATHAN 101 E. KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MCLEAN, CAMPBELL Name: SANCHEZ, ROBERT

Address: 201 N FRANKLIN ST SUITE 2200 Address: 2907 BAY TO BAY BLVD., SUITE 201

City-St-Zip: TAMPA, FL 33602 US City-St-Zip: TAMPA, FL 33629 US

Title: VD () Delete Title: VD (X) Change () Ad

Title: VD () Delete Title: VD (X) Change () Addition Name: SANCHEZ, ROBERT Name: MCCOY, MAC

Address: 4631 WEST LAMB AVE Address: 4221 W. BOY SCOUT BLVD., SUITE 1000

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33607 US

Title: SD () Delete Title: SD (X) Change () Addition Name: FOSNAUGHT, PATT Name: MCKIE, JENNIFER

Address: 195 CORSICA ST Address: 386 COUNTRYSIDE KEY BLVD.

City-St-Zip: TAMPA, FL 33606 City-St-Zip: OLDSMAR, FL 34677 US

Title: TD () Delete Title: TD (X) Change () Addition Name: STEALEY, LORRIE Name: CORSO, JOHN

 Name
 Cottos, 30 min

 Address:
 4602 S DATURA AVE
 Address:
 301 E. SLIGH AVENUE

 City-St-Zip:
 TAMPA, FL 336011
 City-St-Zip:
 TAMPA, FL 33604 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMPBELL MCLEAN D 07/31/2007