


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 003 ****61.25

DOCUMENT # 720482 1. Entity Name TAMARAC BY-THE-GULF, INC.	
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Principal Place of Business 9099 141ST ST N SEMINOLE, FL 33776 US	Mailing Address 9099 141ST ST N SEMINOLE, FL 33776 US
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50051598



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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05042005 Chg-NP CR2E037 (10/03)

Zip	Country	Zip	Country
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4. FEI Number 23-7044325	Applied For Not Applicable
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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HOFSTRA, PETER T ESQ 8640 SEMINOLE BLVD. SEMINOLE, FL 33772		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSTEIKA, FRAN 14132 89TH AVE N SEMINOLE, FL 33776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STANDIFORD, LOIS 8705 141ST ST N. SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAMBLE, ZARON 9210-140TH LANE N. SEMINOLE, FL 33776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO VP THOMAS, GEORGE 14059-40 PLACE N SEMINOLE, FL 33776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD BAWOH, BARBARA 14131 87TH AVE N SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	VP George Thomas 14059-40th Place No., #262 Seminole, FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Betty Dreyerup 14128-87th Ave. No., #1622 Seminole, FL 33776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Betty Teyber 9094 141st St. No., #246 Seminole, FL 33776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Zaron N. Gamble ZARON GAMBLE 5-9-05 (727) 596-4386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #