


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 020 ****61.25

DOCUMENT # 722141
 1. Entity Name
 TAMPA MARINE INSTITUTE, INC.



Principal Place of Business
 2015 GUY N VERGER BLVD.
 TAMPA, FL 33605

Mailing Address
 ASSOCIATED MARINE INSTITUTES
 5915 BENJAMIN CENTER DRIVE
 TAMPA, FL 33634

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
 23-7155996

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01062006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

HULL, DAVID J
 SMITH, HULSEY & BUSEY
 225 WATER STREET, STE. 1800
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, OB 5915 BENJAMIN CENTER DR TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYALA, DE H 501 E. KENNEDY BLVD. #1410 TAMPA, FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H HERMAN, THOMAS S OK 5240 INTERBAY #7 TAMPA, FL 33611 OK <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, STEPHEN B 1715 N WESTSHORE BLVD #5 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OB ARRINGTON, JOHN 3301 ALUMNI DR. TAMPA, FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JIM 1002 FRANKLAND RD. TAMPA, FL 33629 <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	TD AYALA, DE HART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1924 W. MLK BLVD. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, Thomas S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2911 W. Hawthorne Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Weissman, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Westwood Center, Ste 630 2202 N. Lois Ave. TAMPA FL. 33607

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 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: *[Signature]* **1/20/06** **813-887-3300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #