2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766609

Jul 07, 2008 Secretary of State

Entity Name: TAMPA BAY BUSINESS GUILD, INC.

Current Principal Place of Business:

2832 FIRST AVE NORTH

SAINT PETERSBURG, FL 33713 US

New Mailing Address:

New Principal Place of Business:

Current Mailing Address: 2832 FIRST AVE NORTH

4919 12TH ST N

SAINT PETERSBURG, FL 33703 SAINT PETERSBURG, FL 33713 US US

FEI Number: 59-2902602 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:

THACHER, FREDERICK C JAMES, NIXON R 2832 FIRST AVE NORTH 4919 12TH ST N

SAINT PETERSBURG, FL 33713 US SAINT PETERSBURG, FL 33703 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: JAMES R NIXON 07/07/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FIEST, BRIAN REESE, KAREN DR. Name: Name: PO BOX 11987 Address: 1425 CENTRAL AVE Address:

City-St-Zip: SAINT PETERSBURG, FL 33733 City-St-Zip: SAINT PETERSBURG, FL 33705

Title: Title: (X) Change () Addition () Delete

BARRY, SCOTT Name: HENNESSEY, CHRIS Name: Address: 4624 NORTH ARMENIA AVE Address: 1024 E. MOHAWK AVE

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 22604

Title: () Delete Title: SECT (X) Change () Addition SILAS, MICHAEL SILAS, MICHAEL Name: Name:

2037 FIRST AVE NORTH Address: Address: 1616 21ST ST S #102

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713

(X) Change () Addition Title: () Delete Title: TREA

THACHER, FREDERICK C Name: Name: NIXON, JAMES R 8550 ULMERTON RD., #130 Address: Address: 4919 12TH ST N City-St-Zip: LARGO, FL 33771 US City-St-Zip: SAINT PETERSBURG, FL 22703

Title: () Delete Title: (X) Change () Addition

BARKER, TOM BARRY, SCOTT Name: Name: 9400 SEMINOLE BLVD 4624 N. ARMENIA AVE Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: **TAMPA, FL 33606**

Title: () Delete Title: ADMN (X) Change () Addition

TRAN, ETHAN COSSETTE. RENE Name: Name: Address: 401 E. 7TH AVENUE, #111 Address: 12917 N OREGON AVE TAMPA, FL 33612 TAMPA, FL 33602 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R NIXON **TREA** 07/07/2008

Electronic Signature of Signing Officer or Director

Date