## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004345

FILED Jan 31, 2006 Secretary of State

Entity Name: TAMPA BAY WORKFORCE ALLIANCE, INC.

Current Principal Place of Business:			New Principal Place of Business:			
	LSBOROUGH /					
Current Mailing Address:			New Mailing Address:			
5701 E HILI STE 1419 TAMPA, FL	LSBOROUGH /	AVE				
FEI Number:	59-3655316	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Certii	ficate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New R	egistered Agent:	
STE 1419	CAROL LSBOROUGH / . 33610 US	AVE				
The above in the State		bmits this statement for the pur	pose of changing it	s registered office o	or registered agent, or both,	
SIGNATUR						
	Electronic	Signature of Registered Agent	İ		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () E GANS-BARFIELE 7445 QUAIL MEA PLANT CITY, FL	DOW ROAD	Title: Name: Address: City-St-Zip:	()Chang	e ( ) Addition	
Title: Name: Address: City-St-Zip:	T () E SCHUMACHER, I P.O. BOX 7492 TAMPA, FL 3367		Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	ANTHONY, GLOF	DE DRIVE, STE 108	Title: Name: Address: City-St-Zip:	D (X) Chang HELTON, TONJA 8813 HIGHWAY 41, S RIVERVIEW, FL 3356		
Title: Name: Address: City-St-Zip:	D ()E HELTON, TONJA 8813 HIGHWAY RIVERVIEW, FL		Title: Name: Address: City-St-Zip:	D (X) Chang CONA, STEVE 2008 N. HIMES AVE. TAMPA, FL 33607	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	D ()E YATES, GORDON 4646 WHISPERII TAMPA, FL 3361	NG PARK LANE	Title: Name: Address: City-St-Zip:	D (X) Chang YATES, GORDON 3917 W. PALMIRA AV TAMPA, FL 33629	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E SMITH, RON 5802 BENJAMIN TAMPA, FL 3363		Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMONE GANS-BAREFIELD C 01/31/2006