


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005626	
1. Entity Name TAMPA COLLECTORS CLUB, INC.	

Principal Place of Business P O BOX 24831 TAMPA, FL 33623-4831	Mailing Address P O BOX 24831 TAMPA, FL 33623-4831
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05102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-8133906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROGG, SHELDON 9225 RAINBOW LANE PORT RICHEY, FL 34668	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORDET, DOUGLAS 12624 CASTLE HILL DR TAMPA, FL 33624	<p>U00000550470 05/13/06-80058-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARTZE, JOSEPH 4612 N LINCOLN AVE TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAVIGNE, WILLIAM 9010 ARNDALE CIRCLE TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROGG, SHELDON 9225 RAINBOW LN PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: <u>Sheldon Rogg</u> TREASURER (SHELDON ROGG) MAY 10 2006 (727) 8487697	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #