

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123001

FILED
Feb 28, 2007
Secretary of State

Entity Name: TAMPA BAY TECHNOLOGY FINANCE, CORP.

Current Principal Place of Business:

5441 PROVOST DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5441 PROVOST DRIVE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 20-3456390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON III, JOHN F
5441 PROVOST DRIVE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOWELS, ROBERT
Address: 4904 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: MIKLOS, STEPHEN J
Address: 6922 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: WAGNER, PETER
Address: 2147 COLUSA COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: STD () Delete
Name: THOMPSON III, JOHN F
Address: 14309 BRENTWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: THOMPSON III, JOHN F
Address: 4206 CARROLLWOOD VILLAGE CT.
City-St-Zip: TAMPA, FL 33618

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.F.THOMPSON

VPD

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date