2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

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1. Entity Name	10	# 740879 TAMPA BAY, INC.							04-26-200		0 024 ****	61.25
2 807 N 35TH ST P.O.			P.O. B0	Malling Address P.O. BOX 4772 TAMPA, FL 33677 US								
2. Principal Place of Business 3. P. 0 . B . 4772			3. Mailin	3. Mailing Address]			DII BIQLI DIBII 119		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				04192006	Chg-NP	CR2E0	37 (11/05)	
City & State Tampa FC			City & State				4. FEI Number 59-17771		135			optied For ot Applicable
Zip 330		Country U.S. A	Zip	ì	Cou	ntry		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered	Agent				7. Name and	Address of New R	egistered	Agent	
CFRA, LLC	_					Name						,
CORPORA PLAZA 422	ATE CENT 21 W BOY	TER THREE AT INTE	ERNATIO	NAL		Street A	ddress (P.O. Box Number	r is Not Acceptable	9)		
TAMPA, FI	L 33607-5	5736				City					Zip Cod	Α
						5				FL		
		y submits this statement fo	ii (iie baibos	se of changing its	registere	d onice o	i iegisioi	red agent, or both	i, in the State of the	JINGB. 1 411	reminer wer,	and accopt
the obligati		lor printed name of registered agent	and title if applic	able. (NOTE	E: Registered	d Agent signet	race cedimen	d when reinstaling)		DATE		
-	Signature, typed	_	and title if applic.	9. Election Car Trust Fund C	npaign F	inancing	inte tednaéq	\$5.00 May Be Added to Fees	, ,	lake chec	k payable t	
-	Signature, typed	or printed name of registered agent		9. Election Car	npaign F	inancing		\$5.00 May Be Added to Fees	, ,	lake chec	rtment of S	tate
SIGNATURE .	Filing Fe Due by N PD DARE, BA 4100 BOY	or printed name of registered agent re is \$61.25 flay 1, 2006 OFFICERS AND DIF ARBARA (SCOUT BLVD.		9. Election Car	npaign F Contributi 11. TITLE NAMI	inancing ion.	D/p Bedk	\$5.00 May Be Added to Fees ADDITIONS/CHA	RIGES TO OFFICE	lake chec ida Depa	rtment of S	tate
SIGNATURE . 10. TITLE NAME STREET ADDRESS	FILING FEDURE BY NOTICE BY	OFFICERS AND DISTRIBUTE ARBARA (SCOUT BLVD. BETH ESQ TH ROME AVE.		9. Election Car Trust Fund C	npaign F Contributi 11. IITLE NAMI STRE CITY TITLE NAMI STRE	inancing ion.	D/P Bedk 101 E Tam D/V Griff P.o.	\$5.00 May Be Added to Fees ADDITIONS/CHA E. Michae E. Kenneds pr FL Fin, Chrish Box 3391	Blud, sk z	lake chec ida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILING FEDUE by NOTAMPA, FILIPPD WATERS 824 SOUTAMPA, FILIPPD EACH S	OFFICERS AND DISTRIBUTION OFFICERS AND DISTRIBUTION OFFICERS AND DISTRIBUTION OFFI 33607 BETH ESQ TH ROME AVE. FL 33606 MICHELLE TH ARRAWANA #7		9. Election Car Trust Fund C	TITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE CITY.	inancing ion. E E E ADDRESS -SI-ZIP E E ADDRESS -SI-ZIP	D/P Bed & Iol E Tam D/V Griff P.O. Tam O/S Dias 411	\$5.00 May Be Added to Fees ADDITIONS/CHA C. Michae C. Kenneds	Floringes to Office Blud, 54 2. 33602 3601	lake chec ida Depa	rtment of S IRECTORS IN Change	tate 1 10 Addition
SIGNATURE - 110. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PD DARE, BA 4100 BOY TAMPA, FI BERUBE, 405 SOUTAMPA, FO BOX	OFFICERS AND DISTRIBUTION OFFICERS AND DISTRIBUTION OFFICERS AND DISTRIBUTION OFFI 33607 BETH ESQ TH ROME AVE. FL 33606 MICHELLE TH ARRAWANA #7 FL 33609 AN, KERMIT		9. Election Car Trust Fund 0	npaign F Contributi 11. IIILE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	inancing on. E E E T ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP	D/P Bed & Iol E Tam D/V Griff P.O. Tam O/S Dias 411	\$5.00 May Be Added to Fees ADDITIONS/CHA E. Michae E. Kenneds P. FL Gn, Chrish Box 3391 PL FL 3 John N. Frankli	Floringes to Office Blud, 54 2. 33602 3601	lake chec ida Depa	rtment of S IRECTORS IN Change Change	tate I 10 ② Addition ② Addition
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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.

NAME STREET ADDRESS CITY-ST-ZIP NAME Oberhans, Linda STREET ADDRESS P.O. Box 4772 CITY-ST-ZIP Tampa FL 33677

SIGNATURE: _	J. Ob have LINDA A. OBERHAUS	4/20/06	813-247-543
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #