2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

ANNUAL REPORT **FILED DOCUMENT #365844** Jan 18, 2007 08:00 AM 1. Entity Name Secretary of State DOPSON-HICKS OF TAMPA, INC. Principal Place of Business Mailing Address 610 S BLVD. 610 \$ BLVD. #100 #100 TAMPA, FL 33606 TAMPA, FL 33606 US CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1296220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, ALR JR. DO NOT WRITE 4600 WEST CYPRESS ST SUITE 500 IN THIS SPACE TAMPA, FL 33607 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees /18/07-80069-006 150.00 10. OFFICERS AND DIRECTORS PSTD TITLE HICKS JR.L C NAME STREET ADORESS 610 S BLVD. #100 CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied indicated on this report or suppliemental rep qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information age and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trust changed, or on an attachm

Daytime Phone #