2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 27, 2008 8:00 am Secretary of State 02-27-2008 90011 035 ****61.25

ANNUAL REPORT						
DOCUMENT # 705014	(THE					

1. Entity Nam TAMPA E		DLE CLUB INC								
Principal Plac 8820 95TH SEMINOLE, F		US	Mailing Address 8820 95TH ST. N. SEMINOLE, FL 33777	US		400336	390	,		
		ess - No P.O. Box#	3. Mailing Address 5349 Hillor	ian Terr	ace					
Suite, Apt.		,	Suite, Apt. #, etc.			02142008 Ch	g-NP CF	R2E037 (12/06)		
City & Stat	Port	FL	City & State North Port	FL		4. FEI Number 59-2348228	8	N.	oplied For ot Applicable	
34288		Country USA	342 88	Country		5. Certificate of Sta		Fee Require	ditional ed	
	6Name_a	and Address of Current	Registered Agent	Name	1	7. Name and Addr	ess of New Regist	ered Agent_		
MACRI, ROSALIE M 8820 95TH STREET NORTH					Anita Arnold Address (P.O. Box Number is Not Acceptable)					
SEMINOLI	E, FL 3377	1		ţ	5349 Hillman Terrace					
				City	No	rth Por	+	FL Zu Co	ያያ ፎ	
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 On its Ornold Heb. 30, 2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Camp Trust Fund Cor										
	_				o ;	\$5.00 May Be Added to Fees		check payable t Department of S		
10.	_		Trust Fund (<u> </u>	\$5.00 May Be Added to Fees DDITIONS/CHANGÉ	Florida D	Department of S	tate	
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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: (Inita arnola)	2-20-08	941-223-062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #