## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # 719600  1. Entity Name 902 SO. DAKOTA AVE., INC.						01-23-2006	90044 01	1 ****6	1.25	
902 DAKOTA AVE SB 902 Tampa, Fl 33606 US 5B		lailing Address 202 S. DAKOTA AVE 5B FAMPA, FL 33606			1 1 5 5 11 1 1 5 5 6 1	 1816 19118 Blik Botu 8815	<b>-</b>			
2. Principal Place of Business 3. Ma		Mailing Address								
		Suite, Apt. #, etc.			01182006	01182006 Chg-NP CR2E037 (11/05)				
City & State		City & State			4. FEI Number 59-1304			No	plied For Applicable	
Zip		Zip Cou		try	5. Certificate of Status Desired \$8.75 Additional Fee Required			tional I		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
CRAIG, L. DENNIS DR 902 S. DAKOTA AVE 5B				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33606		}	City			FL	Zip Code	)		
The above named entity     the obligations of regist	y submits this statement for the pu	rpose of changing its r	egistered	d office or reg	gistered agent, or both	n, in the State of Flo		miliar with,	and accept	
SIGNATURESignature, typed	or printed name of registered agent and title if a	pplicable. (NOTE:	Registered /	Agent signature re	equired when rainstating)		OATE			
Filing Fee Is \$61.25 9. Election Due by May 1, 2006 Trust Fu			paign Fin ontribution							
10.	OFFICERS AND DIRECTOR		11.		<del></del>	NGES TO OFFICE	<del></del>	· · · · · · · · · · · · · · · · · · ·		
NAME JAKE, DA STREET ADDRESS 902 S. DA CITY-SI-ZIP TAMPA, F	KOTA AVE., 4B	<b>X</b> Delete	NAME STREET CITY-S	TADDRESS 9	D BROWNLES, 1025. DAKO <i>TAMPA, F</i> L	TA AVE.,	24	Change	☐ Addition	
i i	EE, HUNTER KOTA AVE , 2A FL 33606	<b>⊠</b> Delete	TITLE NAME STREET CITY-S	ADDRESS	D JAKE DYA 902 S. DAN TAMPA, F	COTA AVE.	•	Change	Addition	
	S, THOMAS KOTA AVE 6A FL 33606	<b>₩</b> Deiste	NAME STREET CITY-S	5 ADDRESS	CYNTHIA	6ANDE	ee Ave. 5 606	Change	Addition	
TITLE TD CRAIG, D STREET ADDRESS 902 S. DA TAMPA, F	KOTA AVE., 5B	<b>⊠</b> Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	TAMPA, NANCY E 902 3. D. TAMPA,	RAIG AKOTA A FL 33	we. 5 606	PChange B	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADORESS			1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		□ Delete	CITY-S	T ADDRESS ST-ZIP		Florida Statutes. I		Change	Addition	

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 eath; 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 AND TYPED OR PRINTED INDICE OF SIGNING OFFICER OR DIRECTOR

(813) 253-5834