2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727519

FILED Apr 29, 2009 Secretary of State

Entity Name: TAMPA PRESERVATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2007 NORTH 18 ST. TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

P O BOX 18061 TAMPA, FL 33679

FEI Number: 59-1547857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARKE, REBECCA D P 5139 S. NICHOL STREET TAMPA, FL 33611 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PT (X) Change () Addition
Name: CLARKE, REBECCA D P Name: CLARKE, REBECCA D P

 Address:
 5139 S. NICHOL ST.
 Address:
 5139 S. NICHOL ST.

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

Title: VPD () Delete Title: () Change () Addition
Name: KELLY, GRACE V Name:
Address: 2528 SLINSET DR

 Address:
 2528 SUNSET DR.
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Title: TD () Delete Title: S (X) Change () Addition

 Name:
 SMITH, SYLVIÄ V
 Name:
 MECKLEY, PAULA

 Address:
 5138 THE RIVIERA
 Address:
 2715 JETTON

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33629

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 GONZALEZ, ROBIN V
 Name:

 Address:
 2520 W JETTON AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 ROBINSON, ELLEN S
 Name:

 Address:
 3005 CHAPIN AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA D. CLARKE P 04/29/2009