2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767654

FILED Apr 30, 2007 Secretary of State

Entity Name: SOUTH TAMPA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 4601 W KENNEDY BLVD TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** P. O. BOX 13342 TAMPA, FL 336813340 US FEI Number: 59-2803419 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: GRAHAM, ROBERT 1518 NORWICK DRIVE LUTZ, FL 33559 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GRAHAM, ROBERT GRAHAM, ROBERT Name: Name: 4202 W KENNEDY BLVD Address: 4202 W KENNEDY BLVD Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: Title: (X) Change () Addition () Delete SWEET, RON Name: SWEET, RON Name: Address: 4205 W KENNEDY Address: 4205 W KENNEDY City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: () Change () Addition VICKERS, GINNY Name: Name: 4202 W KENNEDY BLVD Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: () Delete Title: Title: () Change () Addition BRADDOCK, SANDRA Name: Name: 4202 W KENNEDY BLVD Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: ED () Delete Title: () Change () Addition HUMES, LEIGH Name: Name: 4602 W KENNDY BLVD Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: (X) Change () Addition LANGLOIS, SIMONE VARRIEUR, DAVID Name: Name: Address: 4602 W KENNEDY Address: 4602 W KENNEDY TAMPA, FL 33609 TAMPA, FL 33609 City-St-Zip: 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: ROBERT GRAHAM PP 04/30/2007