2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 770220

Entity Name: TAMPA BAY INVENTORS' COUNCIL, INC.

Current Principal Place of Business:

10750 ENDEVOUR WAY
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

10750 ENDEVOUR WAY
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2872266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVY, BUDDY J
2203 N. LOIS AVE., STE 912
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	MOUZAKIS, GEORGE	
Address:	P.O. BOX 925	
City-St-Zip:	LARGO, FL 33779	
Title:	D	( ) Delete
Name:	MEIER, DAN	
Address:	1086 LEXINGTON COURT	
City-St-Zip:	LARGO, FL 33771	
Title:	VP	( ) Delete
Name:	PETREE, REBECCA I	
Address:	171 ABALUNE RD	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	RASENEN, WAYNE	
Address:	7752 ROYAL HART DR.	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	T	( ) Delete
Name:	COLLINS, KIRK	
Address:	6204 GREENWICH DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	AIKEN, ROBERT	
Address:	5010 23RD ST	
City-St-Zip:	BRADENTON, FL 34207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: KIRK COLLINS T 04/28/2006

Electronic Signature of Signing Officer or Director — Date