2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770220

FILED Apr 19, 2009 Secretary of State

Entity Name: TAMPA BAY INVENTORS' COUNCIL, INC. **Current Principal Place of Business: New Principal Place of Business:** 400 HIGHLAND AVE LARGO, FL 33770 **Current Mailing Address: New Mailing Address:** C/O WAYNE RASANEN 7752 ROYAL HART DR. NEW PORT RICHEY, FL 34653 US FEI Number: 59-2872266 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: LEVY, BUDDY J 7320 É. FLETCHER AVE. SUITE 114 TAMPA, FL 33637 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RASANEN, WAYNE Name: Name: 7752 ROYAL HART DR Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: YAUCH, ANDREW Name: Address: 1465 SAVANNAH AVENUE SUITE C Address: City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SLAUGHTER, SANDY Name: KILBRIDE, GAYLA Name: 3752 57 AVE N. 2400 WINDING CREEK BLVD. #20B-102 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33714 US City-St-Zip: CLEARWATER, FL 33761 US Title: (X) Delete Title: () Change () Addition Name: ELLIOTT, BRUCE Name: 11485 OAKHURST RD #406A Address: Address: City-St-Zip: LARGO, FL 33774 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: WAYNE RASANEN DP 04/19/2009