


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90410 033 ****61.25

DOCUMENT # F05000002747	
1. Entity Name TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. (TAPS)	

Principal Place of Business 1621 CONNECTICUT AVENUE, N.W., SUITE 300 WASHINGTON, DC 20009	Mailing Address 220 WEST STREET ANNAPOLIS, MD 21401
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2. Principal Place of Business - No P.O. Box # 910 17TH ST, NW Suite, Apt. #, etc. SUITE 800 City & State WASHINGTON DC Zip 20006	3. Mailing Address 910 17TH ST, NW Suite, Apt. #, etc. SUITE 800 City & State WASHINGTON, DC Zip 20006
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04262007 Chg-NP CR2E037 (12/06)

4. FEI Number 92-0152268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP CARROLL, BONNIE 1621 CONNECTICUT AVENUE, N.W., SUITE 300 WASHINGTON, DC 20009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	910 17TH ST, NW, SUITE 800 WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SUDNICK, DANIEL 1621 CONNECTICUT AVENUE, N.W., SUITE 300 WASHINGTON, DC 20009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	910 17TH ST, NW, SUITE 800 WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC JUDITH MATTHEWSON 910 17TH ST, NW, SUITE 800 WASHINGTON, DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADLEY SNYDER 910 17TH ST, NW, SUITE 800 WASHINGTON, DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANE DOLAN 910 17TH ST, NW, SUITE 800 WASHINGTON, DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT RUTER 910 17TH ST, NW, SUITE 800 WASHINGTON, DC 20006 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Sudnick 4/27/07 202 457 8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #