2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

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

DOCUMENT # F05000002747 1. Entity Name TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. (TAPS)				5-6.9/	04-30-2007 90410 033 ****61.25			
Principal Place 1621 CONNE WASHINGTON	CTICUT AVENUE, N.W., SUITE 300	Mailing Address 220 WEST STREET ANNAPOLIS, MD 21401						
	tace of Business - No P.O. Box # ** ST N W #, etc. ** 600	3. Mailing Address 9:0:177+ST Suite, Apt. #, etc. 50:175-600			ng-NP	CR2E037 (12/06)		
City & State		City & State WASHINGTON		4. FEt Number 92-015226	88		pplied For ot Applicable	
Zip 2000 le	Country	Zip 2-0006	Country	5. Certificate of S	tatus Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New Re	egistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registered agent, or both, in	the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signal.	re required when reinstating)		DATE		
SIGNATURE.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		ake check payable to		
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate	
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12. Thereby 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 either the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127/07 202 457 8277