2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F71332

Entity Name: CORPOREX PROPERTIES OF TAMPA, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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100 E RIVERCENTER BLVD SUITE 1100 COVINGTON, KY 41011

Current Mailing Address: New Mailing Address:

C/O CORPORATE SECRETARY C/O CORPORATE SECRETARY P.O. BOX 75020 P.O. BOX 75020 CINCINNATI, KY 452750020 CINCINNATI, OH 452750020

FEI Number: 61-1025842 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:

CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BUTLER, W.P. Name: Name: BUTLER, WILLIAM P Address:

100 E RIVERCENTER BLVD, STE 1100 100 E RIVERCENTER BLVD, STE 1100 Address:

City-St-Zip: COVINGTON, KY 41011 City-St-Zip: COVINGTON, KY 41011

Title: Title: () Delete (X) Change () Addition THOMAS E BANTA. Name: BANTA, THOMAS

Name:

100 E RIVERCENTER BLVD SUITE 1100 100 E RIVERCENTER BLVD SUITE 1100 Address: Address:

COVINGTON, KY 41011 COVINGTON, KY 41011 City-St-Zip: City-St-Zip:

() Delete Title: Title: AS () Change () Addition

BUTLER, MARTIN 50 E RIVERCENTER BLVD SUITE 1400 Address: Address: City-St-Zip: COVINGTON, KY 41011 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

CASTO, MELISSA Name: Name:

100 E. RIVERCENTER BLVD., SUITE 1100 Address: Address:

Name:

City-St-Zip: City-St-Zip: COVINGTON, KY 41011

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA CASTO S 01/05/2006