2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # G08333 1. Entity Name TAMPA BAY UNDERWRITERS, INC. Principal Place of Business Mailing Address P O BOX 22098 ST. PETERSBURG FL 33742-9098 3901 16TH STREET NORTH SAINT PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2246916 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUNNINGHAM, STEPHEN T. Street Address (P.O. Box Number is Not Acceptable) 3901 16TH STREET NORTH SAINT PETERSBURG FL 33703 City Zip Code 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE Delete DIE Addition CUNNINGHAM, STEPHEN T NAME NAME STREET ADDRESS 3901 16TH STREET N STREET ADDRESS SAINT PETERSBURG FL 33703 CITY - ST - 7IP CITY-ST-ZIP BILL ☐ Defete THLE Change ☐ Addition JAN 24 2005 NAME NAME STREET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MUEAddition . ☐ Change NAME NAME U00000305369 STREET ADDRESS STREET ADDRESS 04/14/05-80080-017 150.00 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete UDF ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TUELE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fegal 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED