


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # J08510		
1. Entity Name TAMPA BAY PUBLICATIONS, INC.		
Principal Place of Business 2531 LANDMARK DR #101 CLEARWATER, FL 33761 US	Mailing Address 2531 LANDMARK DR #101 CLEARWATER, FL 33761 US	



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2669154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FODIMAN, AARON 2864 PHEASANT RUN CLEARWATER, FL	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FODIMAN, AARON 2864 PHEASANT RUN CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACONI, MARK 31111 U.S. HWY. 19 NORTH PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORONES, DAVID N 3907 MILLPOND CT. #156 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNSIDE, MARGARET WORD 1037 VICTORIA DRIVE DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80001-010 150.00

DO NOT WRITE IN THIS SPACE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 727-791-4800
Date Daytime Phone #