2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29139

Entity Name: R.V. WORLD OF TAMPA, INC.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O RAY GOODMAN C/O RAY GOODMAN 15146 U.S. HIGHWAY 19 NORTH 425 FEATHER TREE DRIVE CLEARWATER, FL 33764 CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

C/O RAY GOODMAN C/O RAY GOODMAN 15146 U.S. HIGHWAY 19 NORTH 425 FEATHER TREE DRIVE CLEARWATER, FL 33764 CLEARWATER, FL 33765

FEI Number: 59-2702515 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:

GOODMAN, RAY GOODMAN, RAY 15146 U.S. HIGHWAY 19 NORTH 425 FEATHER TREE DRIVE CLEARWATER, FL 33764 CLEARWATER, FL 33765 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: 01/04/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GOODMAN, J. RAYMOND GOODMAN, J. RAYMOND Name: Name: 15146 U.S. HIGHWAY 19 NORTH 425 FEATHER TREE DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33765

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

Name: GOODMAN, JAYNE A Name: GOODMAN, JAYNE A 15146 U.S. HIGHWAY 19 NORTH Address: 425 FEATHER TREE DRIVE Address: CLEARWATER, FL 33764 CLEARWATER, FL 33765 City-St-Zip: City-St-Zip:

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: JAYNE A GOODMAN 01/04/2006 TSD