


**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 025 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # M85893</b>		
1. Entity Name TAMPA MICROWAVE LAB, INC.		
Principal Place of Business 12160 RACE TRACK ROAD TAMPA, FL 33626-3111 US		Mailing Address 12160 RACE TRACK ROAD TAMPA, FL 33626-3111 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		01262005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2896800		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  KUTCHINS, BRYAN A. ESQ 169 STATE STREET WEST SUITE A OLDSMAR, FL 34677		<b>DO NOT WRITE IN THIS SPACE</b>
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 reissuing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALWORTH, JIMMY H 12160 RACE TRACK RD TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALWORTH, SUE R 12160 RACE TRACK RD TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 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: <u>J.H. Walworth</u> J.H. Walworth 3/22/05 813-855-2251 x100		Date Daytime Phone #