

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002790

FILED
Apr 30, 2005
Secretary of State

Entity Name: TAMPA BAY KARMA THEGSUM CHOLING, INC.

Current Principal Place of Business:

13515 LAKE MAGDALENE BLVD.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

PO BOX 10186
TAMPA, FL 336791018

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CRALLE H
13515 LAKE MAGDALENE BLVD.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, CRALLE H
Address: 13515 LAKE MAGDALENE BLVD.
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: THOMAS, MICHAEL F
Address: 209 43RD AVE NE
City-St-Zip: ST PETERSBURG, FL 32703

Title: T () Delete
Name: CROCKETT, PETER
Address: 2550 67 AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: S () Delete
Name: BRITTON, DEBBIE
Address: 625 ONTARIO AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERT, MATUSKY M
Address: PO BOX 1607
City-St-Zip: LAND O LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MATUSKY

TREA

04/30/2005

Electronic Signature of Signing Officer or Director

Date