2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N00000007247

Entity Name: TAMPA BAY DREAM CENTER, INC.

Current Principal Place of Business:

2705 N POPLAR AVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5285
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-3699995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAVER, WILLIAM
2705 N POPLAR AVE
TAMPA, FL 33602 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: PD ( ) Delete
Name: CRAVER, WILLIAM
Address: 2705 N POPLAR AVE
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: CRAVER, KATHY
Address: 2705 N POPLAR AVE
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: BLETHEN, BEN
Address: 117 E BROAD ST
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: HERRON, ALLAN
Address: 317 MAE CRT
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CRAVER PD 04/25/2007

Electronic Signature of Signing Officer or Director — Date