2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006
Secretary of State

DOCUMENT# N01000007337

Entity Name: TAMPA FRIEND OF A FRIEND ALS FOUNDATION INC.

Current Principal Place of Business:

1906 W. ERNA DRIVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

1906 W. ERNA DRIVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3755022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCANIO, VINCENT IV
1906 W. ERNA DRIVE
TAMPA, FL 33603 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: SCANIO, VINCENT IV
Address: 1906 W. ERNA DRIVE
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: CURA, DAVID
Address: 5004 WEST DICKENS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: CORDOVES, LORENZO
Address: 4744 WHISPERING WIND
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: CURA, MARCOS
Address: 5002 WEST DICKENS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: PEREZ, JESSE SR
Address: 1925 WEST CLINTON STREET
City-St-Zip: TAMPA, FL 33604

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:

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 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: VINCENT SCANIO IV PRES 08/29/2006

Electronic Signature of Signing Officer or Director — Date