


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000193 1. Entity Name NEW TAMPA CULTURAL CENTER, INC.	
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Principal Place of Business 18302 HIGHWOODS PRESERVE PKWY STE 201 TAMPA, FL 33647	Mailing Address 18302 HIGHWOODS PRESERVE PKWY STE 201 TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE

01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0650726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WOODBROOK, GRAEME C
18302 HIGHWOODS PRESERVE PKWY STE 201
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000197419 01/27/05-80010-025-61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODBROOK, GRAEME C 17802 RIDGE WAY CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, PETER 17720 NATHANS CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRELLNER, THEODORE 5125 PALM SPRINGS RD UNIT 9107 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALL, DOUG 10632 GRAND RIVIERE DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:  **Jan. 17, 2005 813 971-3761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #