2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000307

Entity Name: TAMPA BAY T.E.A.M. CENTER, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4802 GUNN HIGHWAY, SUITE 126 9007 GUNN HIGHWAY TAMPA, FL 336246348 9007 GUNN HIGHWAY ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

4802 GUNN HIGHWAY, SUITE 126 9007 GUNN HIGHWAY TAMPA, FL 336246348 9007 GUNN HIGHWAY ODESSA, FL 33556

FEI Number: 26-0036441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL, NANCY
4802 GUNN HIGHWAY, SUITE 126
TAMPA, FL 336246348 US

MITCHELL, NANCY
9007 GUNN HIGHWAY
ODESSA, FL 33556 US

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: 04/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 MITCHELL, NANCY
 Name:
 MITCHELL, NANCY

 Address:
 4802 GUNN HIGHWAY, SUITE 126
 Address:
 9007 GUNN HIGHWAY

 City-St-Zip:
 TAMPA, FL 336246348
 City-St-Zip:
 ODESSA, FL 33556

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 BROWN, KAREN
 Name:
 BROWN, KAREN

 Address:
 4802 GUNN HIGHWAY, SUITE 126
 Address:
 9007 GUNN HIGHWAY

 City-St-Zip:
 TAMPA, FL 336246348
 City-St-Zip:
 0DESSA, FL 33556

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 POPE, TRINA
 Name:
 POPE, TRINA

 Address:
 4802 GUNN HIGHWAY, SUITE 126
 Address:
 9007 GUNN HIGHWAY

 City-St-Zip:
 TAMPA, FL 336246348
 City-St-Zip:
 TAMPA, FL 33556

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 GLENN, NICOLE
 Name:
 GLENN, NICOLE

 Address:
 4802 GUNN HIGHWAY, SUITE 126
 Address:
 9007 GUNN HIGHWAY

 City-St-Zip:
 TAMPA, FL 336246348
 City-St-Zip:
 ODESSA, FL 33556

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 GORDON, CAMELIA
 Name:
 GORDON, CAMELIA

 Address:
 4802 GUNN HIGHWAY, SUITE 126
 Address:
 9007 GUNN HIGHWAY

 City-St-Zip:
 TAMPA, FL 336246348
 City-St-Zip:
 ODESSA, FL 33556

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BURCH, PHYLLIS
 Name:
 BURCH, PHYLLIS

 Address:
 4802 GUNN HIGHWAY, SUITE 126
 Address:
 9007 GUNN HIGHWAY

 City-St-Zip:
 TAMPA, FL 336246348
 City-St-Zip:
 ODESSA, FL 33556

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: NANCY MITCHELL PD 04/24/2008