
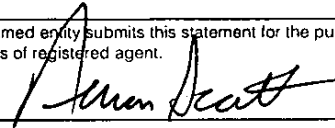
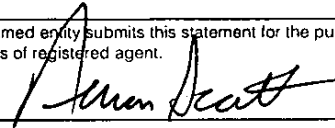
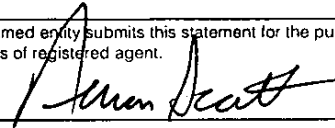
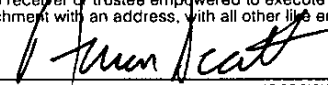


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90238 030 \*\*\*\*70.00

<b>DOCUMENT # N02000003041</b>											
<b>1. Entity Name</b> TAMPA BAY AREA PROFESSIONAL VIDEOGRAPHERS ASSOCIATION, INC.											
<b>Principal Place of Business</b> 1317 DEW BLOOM RD VALRICO, FL 33594			<b>Mailing Address</b> 1317 DEW BLOOM RD VALRICO, FL 33594								
<b>2. Principal Place of Business</b>		<b>3. Mailing Address.</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country	<b>4. FEI Number</b> 81-0548769							
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable							
<b>6. Name and Address of Current Registered Agent</b>  SCOTT, AARON 1317 DEW BLOOM RD VALRICO, FL 33594				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:30%; text-align: center;">Aaron Scott</td> <td style="width:40%; text-align: center;">March 23, 2006</td> </tr> <tr> <td colspan="3" style="font-size: small;">                     Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE                 </td> </tr> </table>						SIGNATURE 	Aaron Scott	March 23, 2006	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
SIGNATURE 	Aaron Scott	March 23, 2006									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>							
<b>Make check payable to</b> <b>Florida Department of State</b>											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>								
<b>TITLE</b> VP	<b>NAME</b> BANGALE, CHUCK		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>STREET ADDRESS</b> 509 LIMETREE DR.	<b>CITY-ST-ZIP</b> OLDSMAR, FL 34677			<b>STREET ADDRESS</b> 1317 Dew Bloom Road	<b>CITY-ST-ZIP</b> Valrico, FL 33594						
<b>TITLE</b> TD	<b>NAME</b> MICHELETTI, ALDO		<input type="checkbox"/> Delete	<b>TITLE</b> Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>STREET ADDRESS</b> 15809 COUNTRY LAKE DR	<b>CITY-ST-ZIP</b> TAMPA, FL 33624			<b>STREET ADDRESS</b> 4111 Land O'Lakes Blvd. Suite#301	<b>CITY-ST-ZIP</b> Land O'Lakes, FL 34639						
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 509 Limetree Drive	<b>CITY-ST-ZIP</b> Oldsmar, FL 34677						
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 						
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 						
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lists empowered.</b>											
<b>SIGNATURE:</b> 		Aaron Scott		March 23, 2006 813-681-7000							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #							