

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 16, 2008**  
**Secretary of State**

DOCUMENT# N02000006854

**Entity Name:** VETERANS DAY PARADE GROUP, INC.**Current Principal Place of Business:**101 E. KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602**New Principal Place of Business:**100 NORTH TAMPA STREET  
SUITE 2200  
TAMPA, FL 33602**Current Mailing Address:**101 E. KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602**New Mailing Address:**100 NORTH TAMPA STREET  
2200  
TAMPA, FL 33602**FEI Number:** 22-3871263**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCINTOSH, ANDREW L  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**MCCLURE, FREDERICK  
100 NORTH TAMPA STREET  
SUITE 2200  
TAMPA, FL 33602 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: FEDERICK MCCLURE

07/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** C ( ) Delete  
**Name:** BOYLE, BRIAN P  
**Address:** 15149 NIGHTHAWK DR.  
**City-St-Zip:** TAMPA, FL 33625 US**Title:** D ( ) Delete  
**Name:** DURAN, RAFAEL A  
**Address:** 8705 BAY CREST LANE  
**City-St-Zip:** TAMPA, FL 33615 US**Title:** D ( ) Delete  
**Name:** KRUSE, DONALD  
**Address:** 8510 WOODBRIDGE BLVD.  
**City-St-Zip:** TAMPA, FL 33615 US**Title:** T/D ( ) Delete  
**Name:** JACOBS, GERALD  
**Address:** 7716 BRETTONWOOD DRIVE  
**City-St-Zip:** TAMPA, FL 33615**Title:** D ( ) Delete  
**Name:** FOGARTY, MARY LEE  
**Address:** 10110 LINDELAAN DR.  
**City-St-Zip:** TAMPA, FL 33618 US**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 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: BRIAN P. BOYLE

C

07/16/2008

Electronic Signature of Signing Officer or Director

Date