


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N02000008280</b> 1. Entity Name <b>MASQUERADE OF TAMPA BAY, INC.</b>	
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Principal Place of Business <b>4701 DUNNIE DRIVE TAMPA, FL 33614</b>	Mailing Address <b>4701 DUNNIE DRIVE TAMPA, FL 33614</b>
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01222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0749314</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FELDER, ANDREA 4701 DUNNIE DRIVE TAMPA, FL 33614</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FELDER, JENNA 17413 FLATWOODS KEY DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDER, ANDREA 4701 DUNNIE DRIVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKSON, BEVERLEY HEARDS FERRY DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, DENISE 4016 105TH AVE. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000404034  
02/06/06-80031-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:** Andrea Felder, VD **1/23/06** **813-884-9054**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #