2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000544

CURTISS, DEBRA

TAMPA, FL 33634

9417 CORPORATE LAKE DRIVE

Name:

Address: City-St-Zip:

Entity Name: TAMPA BAY TECHNOLOGY FORLIM INC

FILED Apr 22, 2008 Secretary of State

Littly Nai	HE. TAMPAD	AT TECHNOLOGI FOROW, I	INC.				
Current Principal Place of Business:				New Principal Place of Business:			
1511 N WESTSHORE BLVD STE 400 TAMPA, FL 33607				4890 W. KENNEDY BLVD SUITE 295 TAMPA, FL 33609			
Current Mailing Address:				New Mailing Address:			
PO BOX 20 TAMPA, FI	0067 _ 336220067						
FEI Number:	51-0444271	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RYBICKI, JACK 4890 W KENNEDY BLVD SUITE 110 TAMPA, FL 33609 US				NORMAN, AMY 4890 W KENNEDY BLVD SUITE 295 TAMPA, FL 33609 US			
	named entity s of Florida.	submits this statement for the p	ourpose o	of changing i	ts registered	office or registered age	nt, or both,
SIGNATURE: AMY NORMAN				04/22/2008			
	Electron	ic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGE	S TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	NORMAN, AMY	HORE BLVD STE 400		Title: Name: Address: City-St-Zip:	NORMAN, AN	NEDY BLVD, #295	
Title: Name: Address: City-St-Zip:	GORDON, GEO	RUN AVENUE, SUITE 800		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DIBENEDETTO	DY BLVD STE 890		Title: Name: Address: City-St-Zip:	KILLINGSWO	(X) Change()Addition DRTH, KATHY NEDY BLVD STE 890 33609	
Title: Name: Address: City-St-Zip:	RYBICKI, JACK	EDY BLVD, SUITE 110		Title: Name: Address: City-St-Zip:	MCLAUGHLI	REGENCY BLVD	
Title:	D ()	Delete		Title:		() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AMY NORMAN CEO 04/22/2008