

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000770

FILED
May 02, 2006
Secretary of State

Entity Name: TAMPA EXTREME BASKETBALL, INC.

Current Principal Place of Business:

18935 WOOD SAGE DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 48903
TAMPA, FL 33647

New Mailing Address:

FEI Number: 36-4519684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PACHOLKE, LAURA J
18935 WOOD SAGE DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PACHOLKE, AARON J
Address: 18935 WOOD SAGE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: KEOUGH, MIKE
Address: 3125 LAKE SAXON DR
City-St-Zip: LAND O' LAKES, FL 34639

Title: 2VP () Change (X) Addition
Name: PACHOLKE, LAURA
Address: 18935 WOOD SAGE DR
City-St-Zip: TAMPA, FL 33647

Title: T () Change (X) Addition
Name: BODE, LAURA
Address: 2104 CLIMBING IVY DR
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON PACHOLKE

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date