

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001680

FILED
Apr 24, 2006
Secretary of State

Entity Name: SOUTH TAMPA TITANS, INC.

Current Principal Place of Business:

3675 S. WESTSHORE BLVD. #270
TAMPA, FL 33629

New Principal Place of Business:

P.O. BOX 13377
TAMPA, FL 33681 US

Current Mailing Address:

3675 S. WESTSHORE
TAMPA, FL 33629

New Mailing Address:

P.O. BOX 13377
TAMPA, FL 33681 US

FEI Number: 20-2359130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOWNING, MICHAEL S TRES
3675 S. WESTSHORE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

REVORD, ALICIA TRES
4717 W. WALLCRAFT AVE.
TAMPA, FL 33611 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: ALICIA REVORD

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUVALL, SCOTT
Address: 3675 S. WESTSHORE
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: POWELL, ROGER
Address: 3675 S. WESTSHORE
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: PRESTON, JACKIE
Address: 3675 S. WESTSHORE
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: CHOWNING, MICHAEL S
Address: 3675 S. WESTSHORE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUVALL, SCOTT
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: V (X) Change () Addition
Name: POWELL, ROGER
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: S (X) Change () Addition
Name: SWEEZEY, DEBBIE
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: T (X) Change () Addition
Name: REVORD, ALICIA TREAS
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

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: ALICIA REVORD

TRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date