

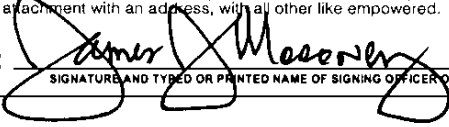


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 022 ****61.25

DOCUMENT # N03000007737 1. Entity Name TAMPA BAY INTERNATIONAL DRAGON BOAT RACES, INC.					
Principal Place of Business 4427 W. KENNEDY BLVD STE 375 TAMPA, FL 33609				Mailing Address 100 S. ASHLEY DRIVE SUITE 100 TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 223 S. 12th Street		3. Mailing Address 223 S. 12th Street		<div style="font-size: 24px; font-weight: bold;">40101979</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 02132007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33602		Country USA		4. FEI Number 32-0097636	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANELLI, DENNIS E ESQ 100 S ASHLEY DR STE 1900 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, KEVIN 4427 W. KENNEDY BLVD. #375 TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORONEY, JAMES J 4007 SAN RAFAEL STREET TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREMINGER, KEITH 711 S. FIELDING AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MANELLI, DENNIS E 81 MARTINIQUE AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div style="font-size: 24px; font-weight: bold;">4/30/2007</div> <div style="font-size: 24px; font-weight: bold;">813 227-2099</div> </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					