


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90217 017 ****70.00

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| DOCUMENT # N04000001910 | |  |
| 1. Entity Name TAMPA FIREWORKS ASSOCIATION, INC. | | |

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|---|---|
| Principal Place of Business 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 US | Mailing Address 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04252006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 20-0768472 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HUNNEWELL-JOHNSON, SHARON 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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.

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|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HUNNEWELL-JOHNSON, SHARON 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Sharon Hunnewell-Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 E. M.L. King Jr. Blvd Tampa FL 33603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHNSON, RICKY <input checked="" type="checkbox"/> Delete 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Tony Pignetti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 E. M.L. King Jr. Blvd Tampa FL 33603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Pat Cook <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 204 E. M.L. King Jr. Blvd Tampa FL 33603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: <i>Sharon Hunnewell-Johnson</i> | <i>4/20/06</i> | <i>8B-834-2264</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |