
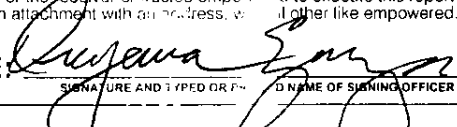


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90001 010 ****61.25

DOCUMENT # N04000010702 1. Entity Name TAMPA ALUMNI GUIDE RIGHT FOUNDATION, INC.																																																													
Principal Place of Business 3412 E. LAKE AVENUE TAMPA, FL 33680		Mailing Address P.O. BOX 11367 TAMPA, FL 33680																																																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		Mailing Address Suite, Apt. #, etc.																																																											
City & State Zip		City & State Zip																																																											
Country		Country																																																											
6. Name and Address of Current Registered Agent BELL, JAMUL 4221 W. SPRUCE ST 2209 TAMPA, FL, FL 33607		7. Name and Address of New Registered Agent Name Kevin Jackson DR. ONYEMA EZEANYA Street Address (P.O. Box Number is Not Acceptable) 3412 E. Lake Avenue City Tampa FL Zip Code 33624																																																											
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 if not applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																													
Filing Fee is \$61.25 Due by September 14, 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																																																											
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12. I hereby certify that the information supplied with this 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 it is other like empowered.																																																													
SIGNATURE 		ONYEMA EZEANYA 7/28/07 850-528-4413																																																											