2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED ON

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N04372 04-03-2006 90382 045 ****70.00 JAMÉS H. AND AMY G. SHIMBERG FOUNDATION, INC. Principal Place of Business Mailing Address DUUNUA 611 W BAY STREET 611 W BAY STREET SUITE 145 SUITE 145 TAMPA, FL 33606 US TAMPA, FL 33606 3. Mailing Address 2. Principal Place of Business 611 W BAY STREET 611 W BAY STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-NP CR2E037 (11/05) City & State TAMPA, 4. FEI Number 58-1581287 City & State Applied For TAMPA, FL Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 33606 US 33606 บร Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIMBERG, JAMES H Street Address (P.O. Box Number is Not Acceptable) 611 W BAY STREET SUITE 145 TAMPA, FL 33606 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 edistered agent. PRESIDENT SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Bue by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD ☐ Delete TITLE Change Addition TITLE SHIMBERG, JAMES H. NAME NAME STREET ADDRESS **611 W BAY STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA, FL 33606** VSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE SHIMBERG, AMY G. NAME NAME STREET ADDRESS STREET ADDRESS 611 W BAY STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 TD ☐ Defete Change ■ Addition TITLE SHIMBERG, JAMES H JR NAME NAME STREET ADDRESS STREET ADDRESS 1912 ARDSLEY ST CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 33629 ☐ Addition ☐ Delete ☐ Change TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attackine it with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED