

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000902

FILED
Jan 23, 2007
Secretary of State

Entity Name: FOREIGN TRADE ZONE NO. 79 BOARD, INC.

Current Principal Place of Business:

615 CHANNELSIDE DRIVE, SUITE 108
TAMPA, FL 33605

New Principal Place of Business:

615 CHANNELSIDE DRIVE, SUITE 108
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 420
TAMPA, FL 336010420

New Mailing Address:

FEI Number: 20-2228490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUSTA, TIMOTHY P
SUITE 1900
100 SOUTH ASHLEY DRIVE
TAMPA, FL 336025311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: SHUSTA, TIMOTHY P
Address: 100 S. ASHLEY DRIVE, SUITE 1900
City-St-Zip: TAMPA, FL 336025311

Title: D () Delete
Name: COLINA, ADRIANA M
Address: 306 E. JACKSON STREET, 2N.
City-St-Zip: TAMPA, FL 33602

Title: VP, D () Delete
Name: GRAY, GENE
Address: 601 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: THORINGTON, JOHN
Address: 1101 CHANNELSIDE DRIVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: ELBE, GEORGE
Address: TAMPA INTERNATIONAL AIRPORT
City-St-Zip: TAMPA, FL 33602

Title: ST, D () Delete
Name: HUBERT, MARIA
Address: 615 CHANNELSIDE DRIVE, SUITE 108
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DA (X) Change () Addition
Name: THORINGTON, JOHN
Address: 1101 CHANNELSIDE DRIVE
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALIETTE ESCASENA

ADMI

01/23/2007

Electronic Signature of Signing Officer or Director

_____ Date