2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# N05000010200

Entity Name: TAMPA BAY PROFESSIONAL ALLIANCE, INC.

Current Principal Place of Business:

400 N. ASHLEY DR., STE. 1500
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 N. ASHLEY DR., STE. 1500
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-3727485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FULLER, JEFFERY M.
400 N. ASHLEY DR., STE. 1500
TAMPA, FL 33602 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: D ( ) Delete
Name: FULLER, JEFFERY M.
Address: 400 N. ASHLEY DR., STE. 1500
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: MARTINEZ, LIONEL D.
Address: 2203 N. LOIS AVE., STE. 700
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: ODUM, ERIC
Address: 301 W. PLATT ST., STE. 361
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: KING, GUY
Address: 300 W. PLATT ST.
City-St-Zip: TAMPA, FL 33606

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: JEFFREY M. FULLER D 05/05/2006

Electronic Signature of Signing Officer or Director — Date