

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 25, 2007
Secretary of State

DOCUMENT# N05000011888

Entity Name: WINTER PRIDE TAMPA BAY, INC.

Current Principal Place of Business:2429 CENTRAL AVENUE
SUITE 201
ST PETERSBURG, FL 33713**New Principal Place of Business:****Current Mailing Address:**PO BOX 21042
TAMPA, FL 336221042 US**New Mailing Address:**

FEI Number: 20-3837621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DAN, HENRIKSON
1936 W CHESTNUT STREET
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**DONNA, HENSON
5205 14TH AVE S
GULFPORT, FL 33707 US

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: DONNA K. HENSON

05/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FEIST, BRIAN
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: VPD () Delete
Name: POLLEY, ROBERT
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: SD () Delete
Name: MARK, NASH
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: TD () Delete
Name: HENRIKSON, DAN
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: D () Delete
Name: HENNESSEY, CHRIS
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: D (X) Delete
Name: BARKER, TOM
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042**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: TD (X) Change () Addition
Name: HENSON, DONNA K
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: D (X) Change () Addition
Name: MCGOWAN, PAUL W
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA K. HENSON

T/D

05/25/2007

Electronic Signature of Signing Officer or Director

Date