2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000011955

Entity Name: END RED TIDE, INC.

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE #300
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PARKWAY
SUITE #300
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

COLLINS, KEITH F
8875 HIDDEN RIVER PARKWAY
300 ALADDIN
TAMPA, FL 33637 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:	COLLINS, KEITH F	
Address:	9311 REGENTS PARK DRIVE	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	T,D	( ) Delete
Name:	JORGENSEN, RICHARD L	
Address:	11912 *1ST ST. NW	
City-St-Zip:	BRADENTON, FL 34209 US	
Title:	D	( ) Delete
Name:	ANDRONICO, KENNETH DR.	
Address:	28734 STORMCLOUD PASS	
City-St-Zip:	WESLEY CHAPEL, FL 33543 US	
Title:	D,VP	( ) Delete
Name:	GALLOGLY, DOUGLAS M	
Address:	6112 GALLEON WAY	
City-St-Zip:	TAMPA, FL 33615 US	
Title:	D,VP	( ) Delete
Name:	UTAMATING, ALISA	
Address:	3413 KINGSWOOD DRIVE	
City-St-Zip:	SARASOTA, FL 34232 US	

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:	( ) 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: KEITH F COLLINS PD 05/01/2006
Electronic Signature of Signing Officer or Director — Date