


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 027 ****61.25

DOCUMENT # N06000006250					
1. Entity Name SOUL IN TAMPA INC.					
Principal Place of Business 4515 LONGFELLOW AVE. TAMPA, FL 33629			Mailing Address 4515 LONGFELLOW AVE. TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03022007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 72-1417853	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NIERENGARTEN, BROOKE M 4515 LONGFELLOW AVE. TAMPA, FL 33629				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, KRISTEN N 2812 AMERICANA CR., UNIT B TAMPA, FL 33613 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, KRISTEN N 2812 AMERICANA CR., UNIT B TAMPA, FL 33613 <input type="checkbox"/> Delete		V Nierengarten, Brooke 4515 Longfellow Ave. Tampa, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, KRISTEN N 2812 AMERICANA CR., UNIT B TAMPA, FL 33613 <input type="checkbox"/> Delete		P Riley, Kristen 2820 Somerset Park Dr. #203 Tampa, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, KRISTEN N 2812 AMERICANA CR., UNIT B TAMPA, FL 33613 <input type="checkbox"/> Delete		P RILEY, KRISTEN N 2812 AMERICANA CR., UNIT B TAMPA, FL 33613 <input type="checkbox"/> Delete		
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12. I hereby certify that the information supplied with this filing 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 attachment with all addresses with all other like empowered.					
SIGNATURE: _____		3-2-07 813-690-1448			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			