2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006357

Name:

Title:

Name:

Address:

City-St-Zip:

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10359 LIGHTNER BRIDGE DR

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TAMPA, FL 33626

TAMPA, FL 33626

SILVERSTEIN, GWENN

10427 GREENHEDGES

SEC

FILED Aug 16, 2007 Secretary of State

Entity Name: THE WESTCHASE TRIGALS, INC **Current Principal Place of Business: New Principal Place of Business:** 10414 LIGHTNER BRIDGE DR TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 10414 LIGHTNER BRIDGE DR TAMPA, FL 33626 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: DUFFEY, ANDREA L 10414 LIGHTNER BRIDGE DR TAMPA, FL FL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DUFFEY, ANDREA L Name: Name: Address: 10414 LIGHTNER BRIDGE DR Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: () Delete Title: () Change () Addition MILSTIEN, BECKY Name: Name: Address: 10312 GREENHEDGES Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: () Delete Title: () Change () Addition RUSSELL, CHRISTINA B

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ANDREA DUFFEY **PRES** 08/16/2007

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