2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N06000006974

Entity Name: TAMPA BAY 96 AAA LIGHTNING INC

Current Principal Place of Business:

6066 GULFPORT BLVD.
GULFPORT, FL 33707

New Principal Place of Business:

433 BATH CLUB BLVD. SOUTH
NORTH REDINGTON BEACH, FL 33708

Current Mailing Address:

6066 GULFPORT BLVD.
GULFPORT, FL 33707

New Mailing Address:

433 BATH CLUB BLVD. SOUTH
NORTH REDINGTON BEACH, FL 33708

FEI Number: 19-1200133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABBONI, MICHAEL J
6446 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 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: PS ( ) Delete
Name: RESOP, MARK
Address: 6066 GULFPORT BLVD.
City-St-Zip: GULFPORT, FL 33707

Title: T ( ) Delete
Name: RESOP, MARK
Address: 6066 GULFPORT BLVD.
City-St-Zip: GULFPORT, FL 33707

Title: V ( ) Delete
Name: SCALISI, DAVE
Address: 7230 ASHLAND GLEN
City-St-Zip: BRADENTON, FL 34202

Title: D ( ) Delete
Name: BABBONI, MICHAEL J
Address: 8001 12TH AVENUE S.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D ( ) Delete
Name: RESOP, MARK
Address: 6066 GULFPORT BLVD.
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete
Name: SCALISI, DAVE
Address: 7230 ASHLAND GLEN
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: RESOP, MARK
Address: 433 BATH CLUB BLVD SOUTH
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: T (X) Change ( ) Addition
Name: RESOP, MARK
Address: 433 BATH CLUB BLVD SOUTH
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

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: MARK RESOP T 01/29/2007

Electronic Signature of Signing Officer or Director — Date