2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000011647

Entity Name: TAMPA BAY PHOENIX, INC.

Current Principal Place of Business:

6606 MUCKPOND ROAD
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

% TEMPLE H. DRUMMOND, ESQ
6987 EAST FOWLER AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H ESQ.
6987 EAST FOWLER AVENUE
TAMPA, FL 33617 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: D ( ) Delete
Name: HANNAH-JONES, KIMBERLY
Address: 6606 MUCKPOND ROAD
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: JONES, WILTON T JR.
Address: 6606 MUCKPOND ROAD
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: BETTS, RICKEY
Address: 4022 EAGLES NEST DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: AIKENS, ROSALINDE
Address: 3006 PONDEROSA TRAIL
City-St-Zip: WIMAUMA, FL 33598

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:

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: KIMBERLY L. HANNAH-JONES D 04/30/2008
Electronic Signature of Signing Officer or Director — Date