


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 047 \*\*\*\*61.25

<b>DOCUMENT # N07334</b> 1. Entity Name TAMPA SCHOLARSHIPS, INC.	
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Principal Place of Business ROBERT CLARK 5127 BLOOMINGTON AVE. TAMPA, FL 33619 US	Mailing Address ROBERT CLARK 5127 BLOOMINGTON AVE. TAMPA, FL 33619 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40000000

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0099696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PASQUALE, ERNEST 1127 ROYAL BLVD PALM HARBOR, FL 34684	7. Name and Address of New Registered Agent Name Clifford, Rebecca Street Address (P.O. Box Number is Not Acceptable) 1316 N. Riverhills Dr City Temple Terrace FL Zip Code 33617
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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 Rebecca Clifford (NOTE: Registered Agent signature required when reinstating) DATE 4-7-07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, ROBERT 5127 BLOOMINGTON AVE. TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, ROBERT 5127 BLOOMINGTON AVE. TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, DONNA 16125 CRAIGEND PLACE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cunningham, Donna 16125 Craigend Place Odessa FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASQUALE, ERNEST 1127 ROYAL BLVD. PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Clifford, Rebecca 1316 N Riverhills Dr Temple Terrace, FL 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Rebecca Clifford DATE 4-7-07 DAYTIME PHONE # (813) 277-3113