

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90045 028 ****70.00

DOCUMENT # N15254 1. Entity Name MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY, INC.					
Principal Place of Business 5033 W. LAUREL ST STE #110 TAMPA, FL 33607 US			Mailing Address 5033 W. LAUREL ST STE #110 TAMPA, FL 33607 US		
2. Principal Place of Business 1719 W. Kennedy Blvd Suite, Apt. #, etc.		3. Mailing Address Same as above Suite, Apt. #, etc.			
City & State Tampa, Fla		City & State above		4. FEI Number 59-2719588	
Zip 33606		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, RANDY M DDS, MS 1773 W. FLETCHER AVE TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Frank de la Grana, President Street Address (P.O. Box Number is Not Acceptable) 1710 East 7th Ave City Tampa, Fla FL 33605	
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 Jeff Iseler Sec. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD FELDMAN, RANDY M DR.	<input checked="" type="checkbox"/> Delete	TITLE	VD Jim Hackman, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1773 W. FLETCHER AVE		STREET ADDRESS	4121 N. 50th St	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Tampa, FL 33610	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, DEREK ESQ.		NAME	Jeffery Iseler, Sec.	
STREET ADDRESS	2307 W. CLEVELAND STREET		STREET ADDRESS	4890 W-Kennedy Blvd #700	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa 33609	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL RIO, EDDIE		NAME		
STREET ADDRESS	888 EXECUTIVE CENTER DR W. #101		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEE, YERRID		NAME		
STREET ADDRESS	5124 SAN JOSE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete	TITLE	PD - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA GRANA, FRANK ESQ.		NAME		
STREET ADDRESS	1710 E. 7TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSWATERS, BOB		NAME		
STREET ADDRESS	107 HAMPTON ROAD, SUITE 120		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
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: Jeff Iseler <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/6/06 Daytime Phone # 1-813-288-2600					