2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16112

Apr 30, 2009 Secretary of State

Entity Name: TAMPA BAY AREA CHAPTER OF THE NATIONAL ASSOCIATION OF THE REMODELING INDUSTRY,

Current Principal Place of Business: New Principal Place of Business:

6107-B MEMORIAL HWY TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

6107-B MEMORIAL HWY TAMPA, FL 33615

FEI Number: 59-2853128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLAN, CECILY 6107-B MEMORIAL HWY TAMPA, FL 33615

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

LUSK. JOHN Name: Name:

10500 ULMERTON RD., STE. 304 Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip:

Title: ED Title: () Delete () Change () Addition

MILLAN, CECILY Name: Name: Address: 6107-B MEMORIAL HWY Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

Title: Title: () Change () Addition () Delete

ANGEL, TONY Name: Name: Address: 7223 CENTRAL AVENUE Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: JENKINS, WES Name: JENKINS, WES

Address: 10520 75TH STREET NORTH Address: 10520 75TH STREET NORTH

City-St-Zip: LARGO, FL 33777 City-St-Zip: LARGO, FL 33777

Title: COB () Delete Title: () Change () Addition

MUELLER, DAVID Name: Name: 11090 66TH TERRACE NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip:

Title: () Delete Title: (X) Change () Addition PHILLIPS, BOB PHILLIPS, BOB Name: Name:

Address: 6727 1ST AVE. SOUTH, STE. 101 Address: 6727 1ST AVE. SOUTH, STE. 101 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 City-St-Zip: 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: CECILY MILLAN ED 04/30/2009