2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

Principal Place of Business 2105 N NEBRASKA AVE TAMPA, FL 33602 US 2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc. Suite, Apt. #, etc. O4122007 Chg-NP CR2E037 (12/06) City & State Country Tip Country Tip Country S. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name SCRIVEN, LANSING D ESQ. 442 W KENNEDY BLVD STE 280 TAMPA, FL 33606 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Tip Code City FL Signature, typed or privided name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) DATE Filling Fee is \$61.25 Due by May 1, 2007 DATE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
City & State City & State City & State City & State Applied For 59-2849317 Applied For 59-2849317 Applied For 59-2849317 Applied For 59-2849317 SCRIVEN, LANSING DESQ. 442 W KENNEDY BLVD STE 280 TAMPA, FL 33606 City City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address of Foreign agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent. SIGNATURE SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 PATE Applied For Not Applied For Not Applied For Not Applied For Status Desired Agent agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
Signature Sign
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCRIVEN, LANSING D ESQ. 442 W KENNEDY BLVD STE 280 TAMPA, FL 33606 City FL Zip Code 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 Filling Fee is \$61.25 Due by May 1, 2007 Pee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Date Total Contribution of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 Pee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Total Contribution of registered agent and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent. SIGNATURE SIGNATURE 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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NAME COPLON, JIM STREET ADDRESS 1701 S. DALE MABRY CITY-ST-ZIP TAMPA, FL 33602 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634
TITLE D D Delete TITLE D M Change Additive
NAME BANK, SYNOVUS NAME Lynn Johler
STREET ADDRESS UNITED BANK 5801 49TH STREET N STREET ADDRESS SYNOVUS Bank, 5801 49th St. N CITY-SI-ZIP SAINT PETERSBURG, FL 33709 CITY-SI-ZIP St. Petersburg FL 33709
TITLE S Delete TITLE Change Addition
NAME HIRES, ALMA STREET ADDRESS 3919 W. PALMETTO STREET STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP
TITLE D Delete TITLE Change Addition
NAME PETERSON, RON NAME
STREET ADDRESS 2 COLUMBIA DR STREET ADDRESS AND DE TAMBIA DR
CITY-SI-ZIP TAMPA, FL 33606 CITY-SI-ZIP
TITLE D Delete TITLE Change Addition
STREET ADDRESS WACHOVIA, 100 S. ASHLEY ST. STREET ADDRESS
CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP
TITLE P Delete TITLE Change Addition
NAME WIMBERLY, FRANCES NAME
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 STREET ADDRESS CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATUI	RF:
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