2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N93000001280

Entity Name: TAMPA BAY'S BRIDAL ASSOCIATION, INC.

Current Principal Place of Business:

5915 MEMORIAL HWY
STE K
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

5915 MEMORIAL HWY
STE K
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3174096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDER, RANDAL
1319 WEST FLETCHER AVE.
TAMPA, FL 33612 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:	P	( ) Delete
Name:	SNOW, GREGORY L	
Address:	5415 MEMORIAL HWY., K	
City-St-Zip:	TAMPA, FL 33615	
Title:	V	( ) Delete
Name:	ARGOE, CATHLEEN	
Address:	8003 DOWNING CIR	
City-St-Zip:	TAMPA, FL 33610	
Title:	T	( ) Delete
Name:	STUART, DR. ALLAN R REV	
Address:	2800 SWAN CIRCLE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	S	( ) Delete
Name:	PULIDO, PAT	
Address:	12383 CITRUS PAZA DRIVE	
City-St-Zip:	TAMPA, FL 33625	
Title:	DAL	( ) Delete
Name:	COLLINS, NEIL	
Address:	14928 NORHT DALE MABRY	
City-St-Zip:	TAMPA, FL 33618	
Title:	DAL	( ) Delete
Name:	JUCEAN, DON	
Address:	2214 BRIANA DRIVE	
City-St-Zip:	BRANDON, FL 33511	

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:	
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 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: GREGORY L. SNOW PRES 04/27/2006

Electronic Signature of Signing Officer or Director — Date