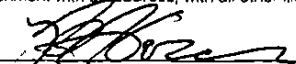


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003483</b>			
1. Entity Name J. PATRICK MICHAELS, JR. FOUNDATION, INC.			
Principal Place of Business 101 E. KENNEDY BLVD. SUITE 3300 TAMPA, FL 33602		Mailing Address 101 E. KENNEDY BLVD. SUITE 3300 TAMPA, FL 33602	
<b>DO NOT WRITE IN THIS SPACE</b>		 01082007 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-3197148</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  GORDON, BRAD A 101 E. KENNEDY BLVD. STE. 3300 TAMPA, FL 33602		<b>DO NOT WRITE IN THIS SPACE</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000598676 01/24/07-80085-004 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAELS, JR, J. PATRICK 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAWTHROP, H. GENE 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WILSON, KIMBERLY L 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAINEY, DORIS D 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, BRAD A 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS 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: 		1/17/07	813-226-8844
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	Daytime Phone #