2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005044

Entity Name: TAMPA BAY AQUARIUM SOCIETY, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 CHANNEL SIDE DR. TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** P.O. BOX 27044 TAMPA, FL 33623 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONCRIEF, PATTY 238 93RD AVE. NORTH SAINT PETERSBURG, FL 33702 US 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: DP () Delete (X) Change () Addition EMMONS, JOE HOCKETT, CHRIS Name: Name: 2555 OAK TR N #208 Address: 5953 TANGLEWOOD DR NE Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: ST PETERSBURG, FL 33703 Title: Title: () Delete () Change () Addition MONCRIEF, PATTY Name: Name: Address: 238 93RD AVE. NORTH Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition VELEZ, MARIO FRIESON, JACKIE Name: Name: 409 KENSINGTON LAKE CIR. 9975 LAKE LOWERY RD Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: HAINES CITY, FL 33844 Title: DV () Delete Title: DV (X) Change () Addition Name: JACOBS, MIKE Name: FRIESON, KEN 9975 LAKE LOWERY RD Address: 518 63RD AVE S Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: HAINES CITY, FL 33844 Title: () Delete Title: (X) Change () Addition HOCKETT, CHRIS CARDINALE, ANGELO Name: Name: 5953 TANGLEWOOD DRIVE NE 3232 LAKE PINE WAY EAST Address: Address: City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: () Change () Addition FRIAS, THELMA Name: Name: Address: PO BOX 1434 Address: GIBSONTON, FL 33534 City-St-Zip: 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: PATTY MONCRIEF DT 05/01/2006