2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N93000005228

Entity Name: TAMPA BAY SNOW SKIERS, INC.

Current Principal Place of Business:

14805 N FLORIDA AVE.
SUITE A
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 25144
TAMPA, FL 336225144 US

New Mailing Address:

FEI Number: 59-1710097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAY AREA ACCOUNTING-PHILLIP REID CPA
14805 N FLORIDA AVE
SUITE B
TAMPA, FL 33613 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: PD ( ) Delete
Name: REED, PHIL
Address: 3315 W DELEON ST #13
City-St-Zip: TAMPA, FL 33609

Title: VPD ( ) Delete
Name: JACKSON, ALAN
Address: 8341 LIMAN DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete
Name: ALLEN, CRAIG
Address: 11360 8TH E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD ( ) Delete
Name: BAYLISS, JOE
Address: 425 18TH AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DIR ( ) Delete
Name: SMITH, LYNN
Address: 1104 SAMY DR.
City-St-Zip: TAMPA, FL 33613

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:

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: JOSEPH A BAYLISS SD 01/20/2009
Electronic Signature of Signing Officer or Director — Date