


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000262	
1. Entity Name MINORITY ENTERPRISE DEVELOPMENT CORPORATION OF TAMPA BAY, INC.	

Principal Place of Business 1101 CHANNELSIDE DRIVE, #210 TAMPA, FL 33602	Mailing Address 1101 CHANNELSIDE DRIVE, #210 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3421408	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HURST, IRENE 1101 CHANNELSIDE DR. SUITE 210 TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	0000000843749 03/12/08-80008-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MANER, MACHELLE 100 SO ASHLEY STE 1000 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, IRENE 1101 CHANNELSIDE DR. STE 210 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIMBERLY, FRANCES 2105 NORTH NEBRASKA AVENUE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARRELL, LYNETTE P.O. BOX 111 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHNSON, CYNTHIA 13805 58TH STREET N. SUITE 1-200 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>Frances A. Wimberly</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>2/26/08</i> _____ Daytime Phone # _____
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