2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008
Secretary of State

DOCUMENT# N98000002418

Entity Name: TAMPA BAY TRES DIAS, INC.

Current Principal Place of Business:

360 STRATHMORE AVE.
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

360 STRATHMORE AVE.
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-1709848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

BASCIANO, FRANK R
11311 PICKFORD STREET
SPRING HILL, FL 34609 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:	CD	( ) Delete
Name:	WARNER, CHRIS	
Address:	360 STRATHMORE AVE.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	TD	( ) Delete
Name:	TISON, LISA	
Address:	2115 MAGDALENE MANOR DR	
City-St-Zip:	TAMPA, FL 33613	
Title:	SD	( ) Delete
Name:	MIZE, GERI	
Address:	5719 MANCHESTER DR E	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	BASCIANO, FRANK R	
Address:	11311 PICKFORD ST	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	MILES, SID	
Address:	3805 SAN LUIS ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	RUSSELL, ALI	
Address:	31901 TURKEYHILL DR	
City-St-Zip:	WESLEY CHAPEL, FL 33543	

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 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: LISA A. TISON TD 07/29/2008

Electronic Signature of Signing Officer or Director — Date