2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N98000003201

Entity Name: TAMPA BAY REGIONAL DISASTER NETWORK, INC.

Current Principal Place of Business:

11103 SUN TREE RD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

11103 SUN TREE RD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3515850 **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:

KALOGIANIS, CHUCK
4821 US HIGHWAY 19
SUITE 3
NEW PORT RICHEY, FL 34652 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: WEGNER, RONALD A ARNP
Address: 11103 SUN TREE RD
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: BRAZIL, MAURICE ARNP
Address: 11103 SUN TREE RD
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: RUBINSTEIN, LEN M.D.
Address: 11103 SUN TREE RD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RUBINSTEIN, ARI S
Address: 11103 SUN TREE RD
City-St-Zip: HUDSON, FL 34667

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: RONALD A. WEGNER PD 05/02/2007

Electronic Signature of Signing Officer or Director — Date