2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007314

TILLERY, DAVID

TAMPA, FL 33624

4706 RIDGE POINT DRIVE

Name:

Address:

City-St-Zip:

FILED Jan 17, 2007 Secretary of State

Entity Name: TAMPA BAY MAGIC CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 11472 64TH AVENUE NORTH SEMINOLE, FL 33772 **Current Mailing Address: New Mailing Address:** 11472 64TH AVENUE NORTH SEMINOLE, FL 33772 FEI Number: 59-3550257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 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: () Change () Addition () Delete KIRWIN, THOMAS Name: Name: Address: 8720 BIRDLEWOOD WAY Address: City-St-Zip: LARGO, FL 33777 City-St-Zip: Title: () Delete Title: () Change () Addition PRESTON, PAUL Name: Name: Address: 7337 AMHURST LANE Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: () Change () Addition GAUGHAN, PATRICK Name: Name: 11472 64TH AVE., NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

WOLIN, PAM

124 KENDALE DR.

SAFETY HARBOR, FL 34695

SIGNATURE: PATRICK J. GAUGHAN T 01/17/2007