


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005055 1. Entity Name BUSINESS & PROFESSION ROUNDTABLE, INC.	
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Principal Place of Business 1817 LAKE CREST AVENUE BRANDON, FL 33510	Mailing Address 1817 LAKE CREST AVENUE BRANDON, FL 33510
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04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3594271	Applied For <input type="checkbox"/> 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 RANDOLPH, JAMES 1817 LAKE CREST AVENUE BRANDON, FL 33510
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RANDOLPH, JAMES 1817 LAKE CREST AVENUE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, VINCENT C/O HCTA, 4505 NORTH ROME AVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BAKER, ANDREW 911 E. MCBERRY STREET TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OVERMAN, KIMBERLY PO BOX 11220 TAMPA, FL 336801220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/07-80018-014 61.25

**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: James M. Randolph April 23, 2007 813.681.2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #