

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033640

Entity Name: PHOENIX OF TAMPA BAY, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

23726 CORAL RIDGE LANE
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

23726 CORAL RIDGE LANE
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3651149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTSHULER, BETSY L
23726 CORAL RIDGE LANE
LAND O'LAKES, FL 34639 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALTSHULER, BETSY L
Address: 23726 CORAL RIDGE LANE
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: ALTSHULER, PHILIP L
Address: 14402 11TH ST.
City-St-Zip: DADE CITY, FL 335233311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ALTSHULER, PHILIP L
Address: 23726 CORAL RIDGE LANE
City-St-Zip: LANDO' LAKES, FL 34639

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY L. ALTSHULER

DIRE

04/27/2006

Electronic Signature of Signing Officer or Director

Date