

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050883

FILED
Apr 24, 2006
Secretary of State

Entity Name: TAMPA GIFTS/NEWS, INC.

Current Principal Place of Business:

MARRIOTT SHOPPING ARCADE
TAMPA INTERNATIONAL AIRPORT
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P O BOX 20823
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-3702198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, MRUDULA S
10415 LIGHTNER BRIDGE DR
TAMPA, FL 33626 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: PSTD () Delete
Name: PATEL, MRUDULA S
Address: 10415 LIGHTNER BRIDGE DR
City-St-Zip: TAMPA, FL 33626

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PATEL, MRUDULA S
Address: 10415 LIGHTNER BRIDGE DR
City-St-Zip: TAMPA, FL 33626

Title: S () Change (X) Addition
Name: PATEL, SHAILESH
Address: P O BOX 20823
City-St-Zip: TAMPA, FL 33622

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: MRUDULA PATEL

PTD

04/24/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date