2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000031991

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

N. REDINGTON BEACH, FL 33708

() Delete

FILED Aug 28, 2006 Secretary of State

Entity Name: B.F.T. OF TAMPA BAY, INC. **Current Principal Place of Business: New Principal Place of Business:** 6244 SPRINGER DR PORT RICHEY, FL 34668 **Current Mailing Address: New Mailing Address:** 6244 SPRINGER DR PORT RICHEY, FL 34668 FEI Number: 59-3715636 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: SAUNDERS, NICOLE B 6244 SPRINGER DRIVE PORT RICHEY, FL 34668 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: Title: () Delete Title: () Change () Addition BUCK, DONALD A JR Name: Name: 293 TALL OAK TRAIL Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: Title: VD Title: () Delete () Change () Addition SAUNDERS, NICOLE Name: Name: 5240 WELLFIELD RD Address: Address: NEW PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete VPD QUINN, PETER J GAMM, STEVEN E Name: Name: 324 173 RD AVE E 1911 FLORESTA VIEW DRIVE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33618

LINDQUIST, RICHARD A

2130 PASCO FINO WAY

DADE CITY, FL 33523

() Change (X) Addition

SIGNATURE: RICHARD A. LINDQUIST S 08/28/2006