## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000031991

Entity Name: B.F.T. OF TAMPA BAY, INC.

FILED Aug 31, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
6244 SPRII PORT RICI	NGER DR HEY, FL 34668		SUITE 102	2130 ASHLEY OAKS CIRCLE SUITE 102 WESLEY CHAPEL, FL 33543		
Current Ma	ailing Address	:	New Mailii	New Mailing Address:		
6244 SPRII PORT RICI	NGER DR HEY, FL 34668		SUITE 102	2130 ASHLEY OAKS CIRCLE SUITE 102 WESLEY CHAPEL, FL 33543		
FEI Number:	59-3715636	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of N	lew Registered Agent:	
6244 SPRI	S, NICOLE B NGER DRIVE HEY, FL 34668	US	2130 ASHL SUITE 102	SAUNDERS, NICOLE B 2130 ASHLEY OAKS CIRCLE SUITE 102 WESLEY CHAPEL, FL 33543 US		
The above in the State		ubmits this statement for the p	ourpose of changing it	ts registered o	ffice or registered agent, or both,	
SIGNATURE: NICOLE B. SAUNDERS				08/31/2006		
	Electronic	Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I BUCK, DONALD 293 TALL OAK T TARPON SPRING	RAIL	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	VD ()[ SAUNDERS, NIC 5240 WELLFIEL NEW PORT RICH	D RD	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () I GAMM, STEVEN 1911 FLORESTA TAMPA, FL 336	VIEW DRIVE	Title: Name: Address: City-St-Zip:		Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () I LINDQUIST, RIC 2130 PASCO FIN DADE CITY, FL	IO WAY	Title: Name: Address: City-St-Zip:	ST (X LINDQUIST, RI 2130 PASO FIN DADE CITY, FL	IO WAY	

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: RICHARD A. LINDQUIST S 08/31/2006