


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90204 014 ***150.00

DOCUMENT # P01000042640	
1. Entity Name TAMPA BAY AMUSEMENT, INC.	

Principal Place of Business 505 DEVONSHIRE ST OLDSMAR FL 34677 US	Mailing Address 505 DEVONSHIRE ST OLDSMAR FL 34677 US
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2. Principal Place of Business 912 Riverside Dr	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tarpon Springs FL	City & State
Zip 34689	Country USA

4. FEI Number 59-3716075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTU, ANGELA T 505 DEVONSHIRE ST OLDSMAR FL 34677	
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7. Name and Address of New Registered Agent	
Name Christo Christu	
Street Address (P.O. Box Number is Not Acceptable) 912 Riverside Drive	
City Tarpon Springs	FL Zip Code 34689

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 CRISTO CHRISTU	(NOTE: Registered Agent signature required when reactivating)	DATE
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FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PS	<input checked="" type="checkbox"/> Delete
NAME CHRISTU, ANGELA T	
STREET ADDRESS 505 DEVONSHIRE ST.	
CITY-ST-ZIP OLDSMAR FL 34677	
TITLE VP	<input type="checkbox"/> Delete
NAME CHRISTU, NICHOLAS	
STREET ADDRESS 505 DEVONSHIRE ST	
CITY-ST-ZIP OLDSMAR FL 34677	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME cristo christu	
STREET ADDRESS 912 Riverside Dr.	
CITY-ST-ZIP Tarpon Springs FL 34689	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: CRISTO CHRISTU	Date 4/25/6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #