
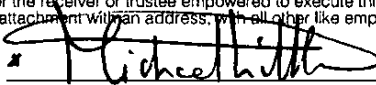


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90041 025 \*\*\*150.00

<b>DOCUMENT # P03000026803</b> 1. Entity Name <b>TAMPA BAY BUSINESS SERVICES, INC.</b>																													
Principal Place of Business <b>16067 EMERALD COVE RD. FORT LAUDERDALE, FL 33331</b>			Mailing Address <b>PO BOX 267902 WESTON, FL 33326</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
<b>JIMENEZ, JACKELINE 10605 S.W. 79 PLACE MIAMI, FL 33156</b>				Name																									
				Street Address (P.O. Box Number is Not Acceptable)																									
				City																									
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PSD</td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">LITTLE, MICHAEL</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">16067 EMERALD COVE RD.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">FORT LAUDERDALE, FL 33331</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> </div> </div>						TITLE	PSD	<input type="checkbox"/> Delete	NAME	LITTLE, MICHAEL		STREET ADDRESS	16067 EMERALD COVE RD.		CITY - ST - ZIP	FORT LAUDERDALE, FL 33331		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>  </div> <div style="width: 30%; text-align: center;"> <b>5/15/06 (954)</b> </div> <div style="width: 30%; text-align: right;">         Date _____ Daytime Phone # _____       </div> </div>																													