

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055491

Entity Name: TAMPA FINANCIAL GROUP, INC.

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

2203 N. LOIS AVE.
9TH FLOOR
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2203 N. LOIS AVE.
9TH FLOOR
TAMPA, FL 33607

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, BRIAN L
520 S. ARMENIA AVENUE
#1229B
TAMPA, FL 33609 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: P () Delete
Name: WADE, BRIAN L CSA
Address: 520 S. ARMENIA AVENUE, #1229B
City-St-Zip: TAMPA, FL 33609 US

Title: VP () Delete
Name: MEHLTRETTER, MATTHEW K CSA
Address: 6300 23RD AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33710 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MEHLTRETTER, MATTHEW K CSA
Address: 7218 121ST AVENUE
City-St-Zip: LARGO, FL 33773 US

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: MATTHEW K. MEHLTRETTER

VP

02/22/2006

Electronic Signature of Signing Officer or Director

Date