

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062090

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: KEEP THAT THOUGHT, INC.

## Current Principal Place of Business:

4505 TOWN N COUNTRY BOULEVARD  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

4505 TOWN N COUNTRY BOULEVARD  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 11-3689631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASTRO, ROBERT  
4931 STOLLS AVENUE  
TAMPA, FL 33615 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: D ( ) Delete  
Name: CASTRO, ROBERT JR.  
Address: 4931 STOLLS AVENUE  
City-St-Zip: TAMPA, FL 33615 US

Title: D ( ) Delete  
Name: CASTRO, TERRY R  
Address: 4931 STOLLS AVENUE  
City-St-Zip: TAMPA, FL 33615 US

Title: D ( ) Delete  
Name: TOM, TIFFANEY L  
Address: 4931 STOLLS AVENUE  
City-St-Zip: TAMPA, FL 33615 US

Title: D ( ) Delete  
Name: BANDY, PAULA J  
Address: 1868 SPRINGWOOD CIRCLE S.  
City-St-Zip: CLEARWATER, FL 33763 US

Title: D ( ) Delete  
Name: STARNES, JAMIE A  
Address: 2919 W. ALLINE AVE  
City-St-Zip: TAMPA, FL 33615 US

Title: D ( ) Delete  
Name: CARLISLE, ARLENE K  
Address: 6310 S. RICHARD AVE  
City-St-Zip: TAMPA, FL 33616 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASTRO, ROBERT JR.  
Address: 4931 STOLLS AVENUE  
City-St-Zip: TAMPA, FL 33615 US

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

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

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

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

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

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: ROBERT CASTRO JR

PD

02/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date