2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

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Entity Name: TAMPA MINT, INC.

Current Principal Place of Business:

6960 BONNEVAL ROAD STE 102
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

6960 BONNEVAL ROAD STE 102
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0543706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: FLYNN, BRIAN D
Address: 13835 TORTUGA POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: HEALEY, JAMES M
Address: 1 STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: MCCAFFREY, BRIAN E
Address: 6960 BONNEVAL ROAD STE 102
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: HOPKINS, STEVE
Address: 6960 BONNEVAL ROAD STE 102
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: WEAVER, LEE
Address: 6960 BONNEVAL ROAD STE 102
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HEALEY, JAMES M
Address: 1301 SOUTH 1ST STREET #301
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: BRIAN D. FLYNN D 04/12/2006

Electronic Signature of Signing Officer or Director — Date