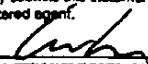


FILED
Mar 19, 2007 8:00 am
Secretary of State

01-22-2007 90080 023 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000065541			
1. Entity Name PERFORMANCE NEW TAMPA, INC.			
Principal Place of Business 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787		Mailing Address 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	
2. Principal Place of Business - No P.O. Box 28009 Wesley Chapel Blvd Suite, Apt. #, etc.		3. Mailing 16123 W Colonial Dr Suite, Apt. #, etc.	
City & State Wesley Chapel FL		City & State Winter Garden FL	
Zip 33543		Country PASCO 34787	
4. FEI Number 37-1492110		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERN, WYNDELL T 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	
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  President 3/15/07 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agents signature required when renewing) DATE			
FILE NOW! FEB 15 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KERN, WYNDELL T 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS KERN, RALPH P 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KERN, RALPH P 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
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. SIGNATURE:  President 3/15/07 407-905-9330 Signature and typed or printed name of signing officer or director Date Daytime Phone			