

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000070191

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** MAD SCIENCE OF TAMPA BAY, INC.

**Current Principal Place of Business:**

4418 GENTRICE DRIVE  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

16765 FISHHAWK BLVD.  
#307  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:** 13-4279267      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULLER, JEFFREY M  
400 NORTH ASHLEY DRIVE  
SUITE 1500  
TAMPA, FL 33602 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CIARDIELLO, DAVID  
Address: 4418 GENTRICE DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: D  
Name: CIARDIELLO, SUSAN  
Address: 4418 GENTRICE DRIVE  
City-St-Zip: VALRICO, FL 33596

I hereby 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 all other like empowered.

SIGNATURE: DAVID CIARDIELLO

PRES

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date