2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086956

Address:

City-St-Zip:

P.O. 2109

LUTZ, FL 33549

FILED Apr 21, 2009 Secretary of State

Entity Name: RISING PHOENIX OF TAMPA, INC. **Current Principal Place of Business: New Principal Place of Business:** 13918 N FLORIDA AVENUE 22162 WEEKS BLVD TAMPA, FL 33612 LAND O LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** PO BOX 2109 LUTZ, FL 33549 FEI Number: 11-3719624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINTON, DENNIS G HINTON, DENNIS G 13918 N. FLORIDA AVE 22162 WEEKS BLVD LAND O LAKES, FL 34639 TAMPA, FL 33613 US 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: 04/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition HINTON, DENNIS G Name: Name: P.O. BOX 2109 Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: VICE Title: () Change () Addition () Delete Name: HINTON, DENNIS G Name: P.O. BOX 2109 Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: () Delete Title: Title: SEC SEC (X) Change () Addition CASSISA, CARA J HINTON, DENNIS G Name: Name: P.O. BOX 2109 22162 WEEKS BLVD Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: LAND O LAKES, FL 34639 Title: TRES () Delete Title: TREA (X) Change () Addition CASSISA, CARA J HINTON, DENNIS G Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

22162 WEEKS BLVD

LAND O LAKES, FL 34639

SIGNATURE: DENNIS HINTON PRES 04/21/2009