

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087640

FILED
Apr 24, 2007
Secretary of State

Entity Name: PROFESSIONAL NOVELTIES OF TAMPA BAY, INC.

Current Principal Place of Business:

369 12TH AVENUE
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

369 12TH AVENUE
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 20-1207289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOXHILL, THOMAS R
132 SHORE DRIVE PLACE
OLDSMAR, FL 34677 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: P () Delete
Name: FOXHILL, THOMAS R
Address: 132 SHORE DRIVE PLACE
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: SYLVESTER, HERB
Address: 369 12TH AVENUE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S () Delete
Name: FOXHILL, THOMAS R
Address: 132 SHORE DRIVE PLACE
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: SYLVESTER, HERB
Address: 369 12TH AVENUE
City-St-Zip: INDIAN ROCKS BEACH, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS FOXHILL

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date