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Secretary of State
07-09-2007 90046 026 ***558.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000109685

1. Entity Name
WORLD ADVERTISING OF TAMPA, INC.

40123475

Principal Place of Business	Mailing Address
4623 W. LEONA ST. TAMPA, FL 33629	4623 W. LEONA ST. TAMPA, FL 33629

2. Principal Place of Business (No P.O. Box #)	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07052007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-1504403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, DEBBIE
4623 W. LEONA STREET
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ Date ______

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BROOKS, DEBBIE K	
STREET ADDRESS	4623 W. LEONA ST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	B	☐ Delete
NAME	KLEINSHUB, MARSHA	
STREET ADDRESS	607 NORTHBRIDGE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	B	☐ Delete
NAME	KLEINSHUB, BERNARD	
STREET ADDRESS	607 NORTHBRIDGE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: Debbie Brooks Debbie Brooks 7-5-07 813-831-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #