2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173635

Entity Name: 24/7 OF TAMPA BAY, INC.

FILED Jul 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6912 NORTH 50 STREET TAMPA, FL 33617 **Current Mailing Address: New Mailing Address:** 6912 NORTH 50 STREET TAMPA, FL 33617 FEI Number: 20-2075098 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: SALAS, JULIE M 6912 NORTH 50 STREET TAMPA, FL 33617 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition SALAS, JULIE M Name: Name: SALAS, JULIE M 6912 NORTH 50 STREET 6912 NORTH 50 STREET Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617 Title: () Change () Addition Title: SEC () Delete Name: SALAS, JULIE M Name: 6912 NORTH 50 STREET Address: Address: TAMPA, FL 33617 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: TRFA () Delete TRFA SALAS, JULIE M SALAS, JULIE M PRES Name: Name: 6912 NORTH 50 STREET 6912 NORTH 50 STREET Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: **PRES** () Change (X) Addition SALAS, JULIE M Name: Name: Address: Address: 6912 N 50TH ST City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: Title: PRES () Change (X) Addition () Delete Name: Name: SALAS, JULIE M PRES Address: 6912 N 50TH ST Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: SALAS, JULIE M PRES Address: Address: 6912 N 50TH ST City-St-Zip: City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIE M SALAS PRES 07/20/2005