

P05000008422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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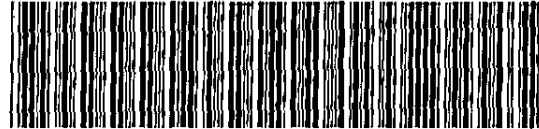
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4-4

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Bay Realty Resource, Inc.
(Name of corporation)

DOCUMENT NUMBER: PO500000 8422

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Kampfe
(Name of contact person)

above (TBRR Inc.)
(Firm/Company)

430 Shaddock St.
(Address)

Tarpon Springs FL 34689
(City/state and zip code)

For further information concerning this matter, please call:

Kathleen Kampfe at (813) 244-4303
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

KH

3-11-5



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 23, 2005

KATHOLEEN KAMPFE
430 SHADDOCK ST.
TARPON SPRINGS, FL 34689

SUBJECT: TAMPA BAY REALTY RESOURCE, INC.
Ref. Number: P05000008422

We have received your document for TAMPA BAY REALTY RESOURCE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 705A00019985

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tampa Bay Realty Resource, Inc.
2. The principal office address: 430 Shaddock St.
Tarpon Springs, FL 34689
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-18-05 Document number: 805000008422

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kathleen Kampfe
3313 PINE KAN LANE
Tampa FL 33559

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kathleen Kampfe
430 Shaddock St.
(P.O. Box NOT acceptable)
Tarpon Springs, FL 34689

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

K/K
(Signature of an officer or director)

Kathleen Kampfe
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

K/K
(Signature of Registered Agent)

Kathleen Kampfe
(Date)

If signing on behalf of an entity:

Kathleen Kampfe
(Typed or Printed Name)

3-11-05

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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