


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 026 ***150.00

DOCUMENT # P05000087981 1. Entity Name WHO'S NEXT? TAMPA, INC					
Principal Place of Business 3623 PEPPERVINE PL ZEPHYRHILLS, FL 33593			Mailing Address 3623 PEPPERVINE PL ZEPHYRHILLS, FL 33593		
2. Principal Place of Business - No P.O. Box # 10353 CROSS CREEK BLVD		3. Mailing Address 10353 CROSS CREEK BLVD			
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33647	Country HILLSBOROUGH	Zip 33647	Country HILLSBOROUGH	4. FEI Number 13-4301457	
6. Name and Address of Current Registered Agent PROFESSIONAL ACCTG. & BUSINESS CONSULTANTS 4909 ALLEN ROAD ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent Name ELPIDIO BRETON Street Address (P.O. Box Number is Not Acceptable) 10353 CROSS CREEK BLVD, SUITE D City TAMPA FL Zip Code 33647	
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 ELPIDIO BRETON, REGISTERED AGENT DATE 4/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRETON, ELPIDIO 10353 CROSS CREEK BLVD. SUITE D TAMPA, FL 33647			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other listed empowered.					
SIGNATURE: ELPIDIO BRETON, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/10/07 Daytime Phone #	