


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90029 003 ***150.00

DOCUMENT # P06000131563 1. Entity Name THE RETREAT TAMPA INC.					
Principal Place of Business 123 S. HYDE PARK AVENUE TAMPA, FL 33606			Mailing Address 123 S. HYDE PARK AVENUE TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 13109			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL		4. FEI Number 74-3191808	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33681		Country Hillsborough		02222008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CALDERONI, RICHARD A 2302 S. WESTSHORE BLVD TAMPA, FL 33606				7. Name and Address of New Registered Agent Name OLSON + BEARDEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 N. PIERCE STREET 4TH FLOOR City TAMPA FL Zip Code 33602	
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 <u>LAURA A. OLSON</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P CALDERONI, RICHARD A 2302 S. WESTSHORE BLVD TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALDERONI, RICHARD A. 3640 S. WESTSHORE BLVD TAMPA, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete MANDIA, AMIN 3932 KOEN ROCA CIR. S TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAHDIEN, AMIR 3640 S. WESTSHORE BLVD TAMPA, FL 33629		
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 all other like empowered.					
SIGNATURE: <u>Amir A. Mahdien</u> AMIR A. MAHDIEN VICE PRESIDENT 2-28-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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