
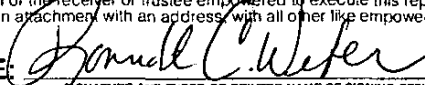


6116

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90037 025 ***150.00

| | | | | | |
|---|---------------------------------|---------------------------------|---|---|---|
| DOCUMENT # P07117 | | | |  | |
| 1. Entity Name TAMPA BULK SERVICES, INC. | | | | | |
| Principal Place of Business 6101 PT TAMPA DR TAMPA, FL 33616 US | | | Mailing Address PO BOX 19248 TAMPA, FL 33686 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 | | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAZARDZIG, MICHAEL | | NAME | 8000 Norman Center Drive, Suite 1160 | |
| STREET ADDRESS | 8000 NORMAN CENTER DR SUITE 630 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNEAPOLIS, MN 55437 | | CITY-ST-ZIP | | |
| TITLE | SVTD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HINKEL, JEAN-DENIS | | NAME | V/T/D Hinkel, Jean-Denis | |
| STREET ADDRESS | 8000 NORMAN CTR DRIVE SUITE 630 | | STREET ADDRESS | 8000 Norman Center Drive, Suite 1160 | |
| CITY-ST-ZIP | MINNEAPOLIS, MN 55437 | | CITY-ST-ZIP | Minneapolis, MN 55437 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WEBER, RONALD | | NAME | | |
| STREET ADDRESS | 6101 PORT TAMPA DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPER, STEVEN | | NAME | | |
| STREET ADDRESS | 6101 PORT TAMPA DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | S Kahn, Anthony C. | |
| STREET ADDRESS | | | STREET ADDRESS | 8000 Norman Center Drive, Suite 1160 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Minneapolis, MN 55437 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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  | | | 4/15/06 (813) 837-0192 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |
| Ronald C. Weber | | | | | |

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