


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90025 043 ***150.00

DOCUMENT # P95000033670	
1. Entity Name BUSCH BLVD. LAND CORP.	

Principal Place of Business 9000 NORTH 18TH STREET TAMPA, FL 33604	Mailing Address 100 W KENNEDY BLVD STE 720 TAMPA, FL 33602
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60003208



2. Principal Place of Business		3. Mailing Address 9000 N. 18th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A	
City & State		City & State Tampa FL	
Zip	Country	Zip	Country
33604	USA	33604	USA

01042006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3315685		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AZZARELLI, THOMAS J 100 W KENNEDY BLVD STE 720 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9000 N 18th St Suite A City Tampa FL Zip Code 33604

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.

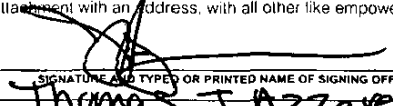
SIGNATURE:  Thomas J Azzarelli 1/10/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 AZZARELLI, MICHAEL A 9000 NORTH 18TH STREET TAMPA, FL 33604 <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	D AZZARELLI, THOMAS J 100 W KENNEDY BLVD., STE 720 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9000 N. 18th St. Suite A Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AZZARELLI, STEPHEN P 9000 NORTH 18TH ST TAMPA, FL 33604 <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	D NAILS, JOAN M 9000 N 18TH ST TAMPA, FL 33604 <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	D KEESLER, JANET A 9000 N 18TH ST TAMPA, FL 33604 <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:  Thomas J Azzarelli 1/10/06 813-935-9829
(NOTE: Registered Agent signature required when reinstating)