


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P95000043949 1. Entity Name WORLD TRADE CENTER GPTPA, INC. |  |
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| Principal Place of Business 1101 CHANNELSIDE DRIVE TAMPA, FL 33602 US | Mailing Address 1101 CHANNELSIDE DRIVE TAMPA, FL 33602 US |
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04182005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3380387 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BIERLEY, JOHN C 100 NORTH TAMPA ST STE 2120 TAMPA, FL 33602 |
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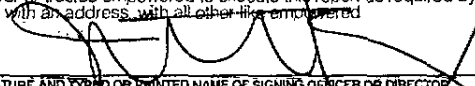
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CISNEROS, FRANK G 500 NORTH WESTSHORE BLVD. 405 TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIERLEY, JOHN C 100 NORTH TAMPA STREET, 2120 TAMPA, FL 33602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GARY, JOHN H III 4228 ARBORWOOD LANE TAMPA, FL 33624 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT KRUSEN, WILLIAM A JR. 7650 COURTNEY CAMPBELL CAUSEWAY 112 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC THAYER, BRONSON A 401 EAST JACKSON ST 2310 TAMPA, FL 33602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>000000335178 04/27/05-80076-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |
| Date <u>20 Apr 05</u> 813 Daytime Phone # <u>8643000</u> |