2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT # P96000059886

FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90364 039 ***150.00

1. Entity Nam	ne	ORPORATION O	F TAMPA BAY, INC.				03 12 2007	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20.00
Principal Place of Business Mailing Address				ess			ესააუის			
13303 U.S. HWY. 19 HUDSON, FL 34667 US			13303 U.S. HWY. 19 HUDSON, FL 34667 US			1	0000			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02262007	Chg-P	CR2E	34 (12/06)		
City & State		City & State			4. FEI Numb 59-341			\longrightarrow	pplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require		
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered.	Agent	
NICHOLLS, PETER J 13303 U.S. HWY. 19 HUDSON, FL 34667										
						(P.O. Box Numb	er is Not Acceptable	e) 		
					City				Zin Cor	ia
					*	FL Zip Code				
8. The above the obligation	named entity tions of regist	y submits this statement f tered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am	familiar with	, and accept
SIGNATURE	Signal or A good	for printed name of registered agen	t and title if applicable (NOT)	E: Barratara	d Agent signature require			2175		
	Signature, typed	or printed rathe or registered agen		r negisiere	a vide it side atore redone	ed when reinstating)		DATE		
	E NOW!!!	FEE IS \$150.00 7 Fee will be \$550.	9. Election Campai	ign Finan	cing _ \$5	5.00 May Be		DATE		
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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 of 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.