
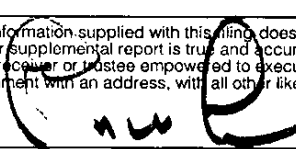


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90366 002 \*\*\*150.00

|   |                                 |   |   |   |  |
|---|---------------------------------|---|---|---|--|
| DOCUMENT # P97000034401   |                                 |   |   |  |  |
| <b>1. Entity Name</b><br>TAMPA APEX CORP  |                                 |   |   |   |  |
| <b>Principal Place of Business</b><br>101 E KENNEDY BLVD<br>SUITE 3140<br>TAMPA, FL 33602   |                                 |   | <b>Mailing Address</b><br>C/O KNICKERBOCKER LLC<br>240 MAIN STREET, P.O. BOX 617<br>GLADSTONE, NJ 07934-0617 US   |   |  |
| <b>2. Principal Place of Business</b><br>305 South Blvd.<br>Suite, Apt. #, etc.   |                                 | <b>3. Mailing Address</b><br>c/o Knickerbocker LLC<br>11450 SE Dixie Hwy, Ste 203<br>Suite, Apt. #, etc.                      |   |   |  |
| <b>City &amp; State</b><br>Tampa, FL  |                                 | <b>City &amp; State</b><br>Hobe Sound, FL   |   |   |  |
| <b>Zip</b><br>33606   |                                 | <b>Country</b><br>USA   |   | <b>Zip</b><br>33455   |  |
| <b>Country</b><br>USA   |                                 | <b>4. FEI Number</b><br>59-3443441  |   |   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |   |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>MECHANIK, DAVID M<br>101 E KENNEDY BLVD<br>SUITE 3140<br>TAMPA, FL 33602  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name: David M. Mechanik<br>Street Address (P.O. Box Number is Not Acceptable):<br>305 South Blvd.<br>City: Tampa FL Zip Code: 33606 |   |  |
| <b>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.</b>  |                                 |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>MECHANIK, DAVID M<br><b>STREET ADDRESS</b><br>101 E KENNEDY BLVD, STE 3140<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33602   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>D<br><b>NAME</b><br>Mechanik, David M.<br><b>STREET ADDRESS</b><br>305 South Blvd.<br><b>CITY-ST-ZIP</b><br>Tampa, FL 33606   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>CASPERSEN, FINN M<br><b>STREET ADDRESS</b><br>240 MAIN ST PO BOX 617<br><b>CITY-ST-ZIP</b><br>GLADSTONE, NJ 07934   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>P<br><b>NAME</b><br>Caspersen, Finn M.W.<br><b>STREET ADDRESS</b><br>11450 SE Dixie Hwy, Ste 203<br><b>CITY-ST-ZIP</b><br>Hobe Sound, FL 33455                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>KEEGAN, LUCILLE F<br><b>STREET ADDRESS</b><br>240 MAIN ST PO BOX 617<br><b>CITY-ST-ZIP</b><br>GLADSTONE, NJ 07934   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>S<br><b>NAME</b><br>Keegan, Lucille F.<br><b>STREET ADDRESS</b><br>11450 SE Dixie Hwy, Ste 203<br><b>CITY-ST-ZIP</b><br>Hobe Sound, FL 33455                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| <b>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.</b> |                                 |   |   |   |  |
| <b>SIGNATURE:</b>  Finn M.W. Caspersen 4/11/06 (908) 719-6593  |                                 |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                                 |   |   |   |  |