


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90078 049 ***150.00


DOCUMENT # P97000034401 1. Entity Name TAMPA APEX CORP	
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Principal Place of Business 305 SOUTH BLVD TAMPA, FL 33606	Mailing Address C/O KNICKERBOCKER LLC 11450 SE DIXIE HWY SUITE 203 HOBE SOUND, FL 33455 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MECHANIK, DAVID M 305 SOUTH BLVD TAMPA, FL 33606

40072408



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3443441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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.

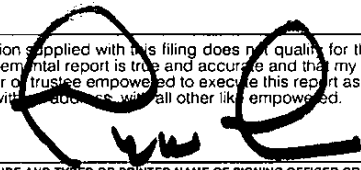
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECHANIK, DAVID M 305 SOUTH BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPERSEN, FINN M 11450 SE DIXIE HWY SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEEGAN, LUCILLE F 11450 SE DIXIE HWY SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 the address, with all other like empowered.

SIGNATURE:  **4/18/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #