


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED 162

06 JUN 29 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900076708222

DOCUMENT # P97000066757					
1. Entity Name CHANNELSIDE BUILDING, INC.					
Principal Place of Business 4100 W. KENNEDY BLVD. SUITE 130 TAMPA, FL 33609		Mailing Address 4100 W. KENNEDY BLVD. SUITE 130 TAMPA, FL 33609			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2460185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARE, WILLIAM E 4100 W. KENNEDY BLVD. SUITE 130 TAMPA, FL 33609				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, WILLIAM E		NAME		
STREET ADDRESS	4100 W. KENNEDY BLVD., SUITE 130		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDINGTON, DON		NAME	Edington, Sarah L.	
STREET ADDRESS	4100 W. KENNEDY BLVD., SUITE 130		STREET ADDRESS	4100 W. Kennedy Blvd, Suite 130	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>William E Ware</u>		Date: <u>06/24/06</u>		Daytime Phone #: <u>813/982-7070x</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032
REFERENCE : 214775 7266798
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 61.25

ORDER DATE : June 29, 2006
ORDER TIME : 10:11 AM
ORDER NO. : 214775-005
CUSTOMER NO: 7266798

ANNUAL REPORT FILING

NAME: CHANNELSIDE BUILDING, INC.

RECEIVED
06 JUN 29 AM 10:42
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris-EXT#2937

EXAMINER'S INITIALS: _____