2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State **DOCUMENT # P98000001954** 1. Entity Name TAMPA BICYCYLING TEAM, INC. Malling Address Principal Place of Business 3917 EDEN ROC CIR E. P O BOX 26876 **TAMPA, FL 33623** TAMPA, FL 33623 04022006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3496609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAST, ELLEN DO NOT WRITE 3917 EDEN ROC CIRCLE EAST **TAMPA, FL 33634** IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent algorithms required when retirating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHOOK, WILLIAM B NAME STREET ADDRESS 3817 EDEN ROC CIRCLE EAST CITY-ST-DP TAMPA, FL 33634 U00000492092 04/19/06-80052-007_150 loc RRF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP nne MANE STREET ACCRESS CftY-\$1-716 12. Thereby certify that the information supplied with this filling 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. To May 8 10.2. Color of the corporation of the receiver of trustee empowered. SIGNATURE: 81: 000 913 892-1024