

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085090

Entity Name: YOGA ROOM OF TAMPA, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

4119 GUNN HWY, SUITE 19
TAMPA, FL 33624

New Principal Place of Business:

17303 EQUESTRIAN TRAIL
ODESSA, FL 33556

Current Mailing Address:

4119 GUNN HWY, SUITE 19
TAMPA, FL 33624

New Mailing Address:

17303 EQUESTRIAN TRAIL
ODESSA, FL 33556

FEI Number: 59-3536687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO, JERILYN L
4119 GUNN HWY, SUITE 19
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SANTIAGO, JERILYN L
17303 EQUESTRIAN TRAIL
ODESSA, FL 33556 US

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.

SIGNATURE:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTIAGO, JERILYN L
Address: 17303 EQUESTRIAN TRIAL
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: SANTIAGO, RAMON
Address: 17303 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: SANTIAGO, RAMON
Address: 17303 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON SANTIAGO

VD

04/20/2006

Electronic Signature of Signing Officer or Director

Date