2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# P99000085081

Entity Name: BAY CITIES BANK

Current Principal Place of Business:

2202 N. WEST SHORE BLVD., STE. 150
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2202 N WEST SHORE BLVD.
SUITE 150
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3599674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOT REQUIRED
A
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VST ( ) Delete
Name: WARREN, MARTI J
Address: 2202 N. WEST SHORE BLVD. #150
City-St-Zip: TAMPA, FL 33607

Title: C ( ) Delete
Name: THAYER, A. BRONSON
Address: 2202 N. WEST SHORE BLVD., STE. 150
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete
Name: MURRIN, PATRICK
Address: 2202 N WEST SHORE BLVD SUITE 150
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete
Name: SHUKUR, KEVIN
Address: 2202 N. WEST SHORE BLVD. #150
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete
Name: RITCHIE, JOE
Address: 2202 N WEST SHORE BLVD. #150
City-St-Zip: TAMPA, FL 33607

Title: DP ( ) Delete
Name: BRYANT, GREGORY W
Address: 2202 N. WEST SHORE BLVD. STE. 150
City-St-Zip: TAMPA, FL 33607

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:

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: MARTI J. WARREN SVP 01/16/2007

Electronic Signature of Signing Officer or Director Date