2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	WINDAM I	DELABI (MI	1/		000	006 00 6	A B #
DOCU	JMENT # V00503		Apr 03, 2006 08:00 AM Secretary of State				
BRADEC	ORD'S OF TAMPA, INC.		1				
Principal Pla	ce of Business	Mailing Address					
1225 N PINE LAKE DR TAMPA FL 33612		1225 N PINE LAKE DR			_		
TAMPA FL	. 33012	TAMPA FL 33612					
2. Principal Place of Business		. 3. Mailing Address		,	andi milit main näidi dini a	ALAN STATE OF THE MENT WENT WENT	S WASH WINSTED IN 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	1st MOORE	CR2E034 (10A	05)
City & State		City & State	City & State		59-30984	74	Applied For Not Applicate
Zip	Country	210	Country	5. Certifica	ate of Status Desired		5 Additional equired
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name a	nd Address of New	Registered Agent	
BRADFORD, FUESSEL V.			}				
122	25 N PINÉ LAKE DR MPA FL 33612		Street	Street Address (P.O. Box Number is Not Acceptable)			
			City				p Cade
8 The above	e named entity submits this statement	for the owness of changing its		or registered agent or t	ooth in the State of	r- '	
the obliga	tions of registered agent.	To the purpose of changing to	s registere diver	or registered agent, or i	Sout, in the State Of t	прица. таптапша	r wim, and accep
SIGNATURE							
	Signature typed or printed name of registered age	with end little if applicable (ND)	FE Registered Agent signs	thire required when revisitions)	1	DATE	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	of State			9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees
10.		ID DIRECTORS	11.	ADDITION) S/CHANGES TO OF	FICERS AND DIREC	CTORS IN 11
THILE	P	Oelete	THE		Lanna	□ Ch	nange 🔲 Additio
NAM! STREET ADDRESS	BRADFORD, FUESSEL V. 1225 N PINE LAKE DR		NAME STREET ADDRESS		04/17/06-	488416 80006-003 1	150. M
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZII	}	0 11 111 00		100 100
TRILE	\$	☐ Delete	TITLE	T , - , 		☐ Ch	ange 🔲 Addilion
NAME STREET ADDRESS	WESTCOTT, DIANE B		NAME CERTE ADORCES	}			
CHY-SI-ZIP	TAMPA FL		STREET ADDRESS CHY-ST-ZIP				
TITLE		☐ Delote	Tim (□ Ch	ange 🔲 Aridillos
MAME			NAME	}			
STREET ADDRESS CITY-S1-ZIP			STRUET ADDRESS CITY-ST-ZIP	{			
TITLE		☐ Delote	TOSLE			☐ Ch	ange 🔲 Addition
NAME			NAME				
STREET ADDRESS City - ST - ZIP			STREET ADDRESS City - St - Xip	{			
MLE		☐ Delete	TITLE			□ Cna	ange 🔲 Addition
NAME		,	NAME	1			
STREET AODRESS CITY-ST-ZIP			STREET ADDRESS CATY-ST-ZAP	}			
THILE		☐ Delete	TATE			☐ Cha	ange 🔲 Addition
NAME		□ Objetio	NAME	{		ر داه	mas Tisantinii
STREET ADDRESS			STRELT ADDRESS	{			
CITY-ST-ZIP			C(1Y-\$1-21P	{			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3-31-06 813-932-7818

FILED