

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jan 23, 2009  
Secretary of State**

DOCUMENT# P08000029339

Entity Name: FEDERAL EASTERN CORP. (TAMPA) INC.

**Current Principal Place of Business:**

146 SECOND STREET NORTH  
SUITE 306  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

146 SECOND STREET NORTH  
SUITE 306  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 26-2214036      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 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

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete  
Name: SHEN, MARC  
Address: 146 SECOND STREET NORTH, SUITE 306  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: DCOO ( ) Delete  
Name: HAYES, WILLIAM D  
Address: 146 SECOND STREET NORTH, SUITE 306  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: S ( ) Delete  
Name: HOLT, SALLY  
Address: 146 SECOND STREET NORTH, SUITE 306  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: T ( ) Delete  
Name: PARSONS, AMANDA  
Address: 146 SECOND STREET NORTH, SUITE 306  
City-St-Zip: ST. PETERSBURG, FL 33701 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: HAYES, SALLY  
Address: 146 SECOND STREET NORTH, SUITE 306  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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

I hereby certify that the information supplied with this filing does not qualify 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: HAYES, SALLY

S

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date