2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N02000009752

Entity Name: CHILDREN'S AIDS FOUNDATION OF TAMPA BAY INC.

Current Principal Place of Business:

17 DAVIS BLVD STE 313
TAMPA, FL 33606 US

New Principal Place of Business:

404 S. ORLEANS AVE.
TAMPA, FL 33606 US

Current Mailing Address:

P.O. BOX 4049
TAMPA, FL 33677 US

New Mailing Address:

FEI Number: 55-0816294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILLS, PETER
404 SOUTH ORLEANS AVENUE
TAMPA, FL 33606 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: BOD ( ) Delete
Name: BRENNAN, ADRIENNE
Address: 8111 N MOBLEY RD
City-St-Zip: ODESSA, FL 33556

Title: P ( ) Delete
Name: MARTIN, WAYNE
Address: 4726 SUNRISE DR
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP ( ) Delete
Name: SCARRITT, LINDA
Address: 824 S ORLEANS AVE
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: CAREY, TAMI
Address: 2920 BAYSHORE VISTA DR
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete
Name: HILLS, PETER
Address: 404 S ORLEANS AVE
City-St-Zip: TAMPA, FL 33606

Title: BOD ( ) Delete
Name: BARSI, SHELLY
Address: 17 DAVIS BLVD STE 401
City-St-Zip: TAMPA, FL 33606

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HILLS T 05/01/2007

Electronic Signature of Signing Officer or Director — Date