2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90070 025 ****70.00

1. Entity Nam	MENT # N29687 HILLS CHAMBER OF COM	MERCE, INC.				04-16-2007	' 90070 0	25 ****7().00	
Principal Place 38550 5TH / ZEPHYRHILLS	AVE.	Mailing Address 38550 5TH AVE ZEPHYRHILLS, FL 33542	2 US		4	006230		 		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Chg-NP	CR2E0	E037 (12/06)		
City & State		City & State			4. FEI Numbe 59-066				pplied For ot Applicable	
Žip	Country	Zip	Country		5. Certificate	of Status Desired	×	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent		
FRENCH, DONNA J			Name	Name Janice Slater Executive Director						
38550 5TH AVE ZEPHYRHILLS, FL 33542						er is Not Accepta				
				38550 5th Ave						
			City Z	epv	yrhills	•	FI	Zip Coo	42	
the obligat	Signature, sylection or printed name of registered agent.		recutin) irec	OR 4-	11-07	,		
		каошенародос. (14012.1	Registered Agent signs:	beriuper erut	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	dure required	\$5.00 May B Added to Fees	Se FI	Make ched	k payable t		
10.	Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees	FI ANGES TO OFFIC	Make checorida Depa	rtment of S	itate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	PED GREG	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFFICE ROTY HILL ON HILL	Make checorida Depa	rtment of S	itate	
TITLE NAME STREET ADDRESS	OFFICERS AND DI VPD PENNINGTON, PAT 38112 15TH AVE	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	PED GRE 273 Dad 50 Tim 300	\$5.00 May B Added to Fees ADDITIONS/CH. GOTY FIF ZO HICKLE ECITY! MITCH 9 4 FOX W	ANGES TO OFFICE RST ONYHILL FI 3352	Make checorida Depa CERS AND D	IRECTORS IN	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D VPD PENNINGTON, PAT 38112 15TH AVE ZEPHYRHILLS, FL 33542 SD CLARK, DESIREE 7425 GALL BLVD	9. Election Camp Trust Fund Co	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PED GRESTS DOWN TO TO	\$5.00 May B Added to Fees ADDITIONS/CH. GOTY FIF ZO HICKLE ECITY I MITCH 9 H FOX W Phyrhill	ANGES TO OFFICE STORY HILL OFFICE LI OOD B(V IS FI 3	Make checorida Depa CERS AND D	PIRECTORS IN Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D VPD PENNINGTON, PAT 38112 15TH AVE ZEPHYRHILLS, FL 33542 SD CLARK, DESIREE 7425 GALL BLVD ZEPHYRHILLS, FL 33542 PD FRIMMEL, SUSAN 13100 FT KING BLVD	9. Election Camp Trust Fund Co	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS	PED GRESTS DOWN TO TO	\$5.00 May B Added to Fees ADDITIONS/CH COLY FIF 20 Hicke CLTY Mitche H FOX W ON Y FNI!	ANGES TO OFFICE STORY HILL OFFICE LI OOD B(V IS FI 3	Make checorida Depa CERS AND D	IRECTORS IN Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D VPD PENNINGTON, PAT 38112 15TH AVE ZEPHYRHILLS, FL 33542 SD CLARK, DESIREE 7425 GALL BLVD ZEPHYRHILLS, FL 33542 PD FRIMMEL, SUSAN 13100 FT KING BLVD DADE CITY, FL 33525 TD PITTMAN, ROBERT 38117 FIFTH AVENUE	9. Election Camp Trust Fund Co	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PED GREGORIAN DOLLAR TO JOHO	\$5.00 May B Added to Fees ADDITIONS/CH GOTY FIF ZO HICKLE E CITY! MITCHE TOXWOOLY FAIL SCOTT NO SCOTT NO SCOTT NO SCOTT NO DUSTY LCLTY TI	ANGES TO OFFICE ANGES	Make checorida Depa CERS AND D	Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Janice Slater MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07 (813) 782-1913