2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004219

FILED May 23, 2006 Secretary of State

Entity Name: HILLSBOROUGH COUNTY ANTI-DRUG ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 1110 3111 W. DR. M.L. KIMG JR. BLVD TAMPA, FL 336011110 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** P. O. BOX 172927 P. O. BOX 1110 TAMPA, FL 336011110 TAMPA, FL 33672 29 FEI Number: 71-0950570 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: Name and Address of New Registered Agent: DOWNUM, JAMES 800 E. KENNEDY BLVD., 5TH FLOOR TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARTINEZ, JR, ELVIN Name: Name: 800 E. TWIGGS STREET Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition ADERHOLD, TOM ADERHOLD, TOM Name: Name: Address: 601 E. KENNEDY BLVD.- 24TH FLOOR Address: P.O. BOX 172927 City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33672 29 Title: () Delete Title: () Change () Addition SPENCER, JESSICA Name: Name: P.O. BOX 172927 Address: Address: City-St-Zip: TAMPA, FL 33672 City-St-Zip: (X) Change () Addition Title: Title: () Delete STUDSTILL, MARK Name: SHORT, GENIE Name: 4532 W. KENNEDY BLVD. # 311 3111 W. DR. M.L. KING JR. BLVD. #100 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33607 Title: BM () Delete Title: (X) Change () Addition MACLEOD, JAN SHORT, GENIE Name: Name: P.O. BOX 172927 3111 W. DR. M.L. KING JR BLVD. SUITE 100 Address: Address: TAMPA, FL 33672 29 TAMPA, FL 33607 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENIE S SHORT DIR 05/23/2006