


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State


DOCUMENT # N02000001145 1. Entity Name HOUSING AND EDUCATION ALLIANCE, INC.	
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Principal Place of Business 550 N. REO ST. TAMPA FL 33609	Mailing Address 550 N. REO ST. TAMPA FL 33609
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)
 4. FEI Number **43-1963410**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

6. Name and Address of Current Registered Agent ALVAREZ, SYLVIA A 550 N. REO ST. TAMPA FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME	P ALVAREZ, SYLVIA REO <input type="checkbox"/> Delete STREET ADDRESS 550 N REO ST 300 CITY - ST - ZIP TAMPA FL 33609
TITLE NAME	T CALABRD, MARGE <input type="checkbox"/> Delete STREET ADDRESS 550 N REO ST 300 CITY - ST - ZIP TAMPA FL 33609
TITLE NAME	S SOWLES, NICHOLE A <input type="checkbox"/> Delete STREET ADDRESS 550 N RED ST 300 CITY - ST - ZIP TAMPA FL 33609
TITLE NAME	D DIMAIO, MERCY <input type="checkbox"/> Delete STREET ADDRESS 550 N RED ST 300 CITY - ST - ZIP TAMPA FL 33609
TITLE NAME	D FERNANDEZ-LOPEZ, SANDRA <input type="checkbox"/> Delete STREET ADDRESS 300 N RED ST 300 CITY - ST - ZIP TAMPA FL 33609
TITLE NAME	D ROJAS, JACKIE <input type="checkbox"/> Delete STREET ADDRESS 300 N RED ST 300 CITY - ST - ZIP TAMPA FL 33609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000034115 STREET ADDRESS 02/05/04-80070-022 158.75 CITY - ST - ZIP
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sylvia Alvarez* 2-2-04 261-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR