2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001145

Entity Name: HOUSING AND EDUCATION ALLIANCE, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 N. REO ST. STE 300 TAMPA, FL 33609 **New Mailing Address: Current Mailing Address:** 550 N. REO ST. STE 300 TAMPA, FL 33609 FEI Number: 43-1963410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, SYLVIA A 550 N. REO ST. STE 300 TAMPA, FL 33609 US 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:

() Delete (X) Change () Addition ALVAREZ, SYLVIA REO ALVAREZ, SYLVIA A Name: Name: 550 N. REO ST. STE 300 Address: 550 N. REO ST. STE 300 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: () Change () Addition CALABRD, MARGE Name: Name: Address: 550 N REO ST 300 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: (X) Change () Addition SOWLES, NICHOLE A Name: SOWLES, NICHOLE A Name: 550 N RED ST 300 Address: Address: 550 N REO ST 300 City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 () Delete Title: VΡ Title: () Change () Addition COLLINS, L. ANTHONY Name: Name: 550 N. REO ST. STE 300 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: (X) Change () Addition FERNANDEZ-LOPEZ, SANDRA FERNANDEZ-LOPEZ, SANDRA Name: Name: 550 N REO ST 300 300 N RED ST 300 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: (X) Change () Addition ROJAS, JACKIE ROJAS, JACKIE Name: Name: Address: 300 N RED ST 300 Address: 550 N REO ST 300 TAMPA, FL 33609 TAMPA, FL 33609 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: SYLVIA A. ALVAREZ ED 04/04/2006