2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N02000002895

Entity Name: UPPER TAMPA BAY ALLIANCE, INC.

Current Principal Place of Business:

10123 KINGSBRIDGE AVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10123 KINGSBRIDGE AVE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 04-3651970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS, ROBERT L JR
12027 BREWSTER DRIVE
TAMPA, FL 33626 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: C ( ) Delete
Name: EDGERLEY, SUSAN D
Address: 10123 KINGSBRIDGE AVE
City-St-Zip: TAMPA, FL 33626

Title: CTS ( ) Delete
Name: ARGUS, ROBERT L JR.
Address: 12027 BREWSTER DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: WALTERS, GRANT
Address: 13726 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: HAUCK, PAUL L
Address: 12802 HORSESHOE ROAD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALTERS, GRANT W
Address: 13726 STAGHORN ROAD
City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition
Name:
Address:
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: GRANT W. WALTERS D 04/18/2007

Electronic Signature of Signing Officer or Director — Date