

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000001618

1. Entity Name
HHS IB ALLIANCE, INC.



Principal Place of Business

5000 CENTRAL AVE
TAMPA, FL 33603

Mailing Address

5000 CENTRAL AVE
TAMPA, FL 33603



01152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BUSH, ELIZABETH
1618 MAGDALENE MANOR DR
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | DP |
| NAME | BUSH, ELIZABETH |
| STREET ADDRESS | 1618 MAGDALENE MANOR DR |
| CITY-ST-ZIP | TAMPA, FL 33613 |

| | |
|----------------|-------------------------|
| TITLE | DP |
| NAME | HEVER, MARYELLEN |
| STREET ADDRESS | 1601 MAGDALENE MANOR DR |
| CITY-ST-ZIP | TAMPA, FL 33613 |

| | |
|----------------|-------------------|
| TITLE | DV |
| NAME | SCHONWETTER, RITA |
| STREET ADDRESS | 13801 KHILANI CT |
| CITY-ST-ZIP | TAMPA, FL 33624 |

| | |
|----------------|-----------------|
| TITLE | DT |
| NAME | KRISCHER, JAMIE |
| STREET ADDRESS | 5001 GARRICK CT |
| CITY-ST-ZIP | TAMPA, FL 33624 |

| | |
|----------------|---------------------|
| TITLE | DS |
| NAME | PRICE, LANA |
| STREET ADDRESS | 15522 LAKE GRACE DR |
| CITY-ST-ZIP | ODESSA, FL 33556 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000393044
01/25/06-80005-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

813 2651242

Daytime Phone #