

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90068 007 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent					
BUSH, ELIZABETH 1618 MAGDALENE MANOR DR TAMPA, FL 33613					
7. Name and Address of New Registered Agent					
Name <u>Diane M. Kelly</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4714 Cresson Ct.</u>					
City <u>Tampa</u>					
State <u>FL</u>					
Zip Code <u>33624</u>					
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 <u>Diane M Kelly</u> <u>Diane M Kelly</u> <u>4/30/07</u>					
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, 2007		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					
10. OFFICERS AND DIRECTORS					
TITLE DP	NAME BUSH, ELIZABETH	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Schonwetter, Rita	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1618 MAGDALENE MANOR DR	CITY-ST-ZIP TAMPA, FL 33613		STREET ADDRESS 13801 Khilani Ct.	CITY-ST-ZIP Tampa, FL 33624	
TITLE DP	NAME HEVER, MARYELLEN	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Krischer, Jamie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1601 MAGDALENE MANOR DR	CITY-ST-ZIP TAMPA, FL 33613		STREET ADDRESS 5001 Garrick Ct.	CITY-ST-ZIP Tampa, FL 33624	
TITLE DV	NAME SCHONWETTER, RITA	<input checked="" type="checkbox"/> Delete	TITLE DT	NAME Kelly, Diane M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13801 KHILANI CT	CITY-ST-ZIP TAMPA, FL 33624		STREET ADDRESS 4714 Cresson Ct.	CITY-ST-ZIP Tampa, FL 33624	
TITLE DT	NAME KRISCHER, JAMIE	<input checked="" type="checkbox"/> Delete	TITLE DS	NAME Aron, Faith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5001 GARRICK CT	CITY-ST-ZIP TAMPA, FL 33624		STREET ADDRESS 8837 Royal Enclave Blvd.	CITY-ST-ZIP Tampa, FL 33626	
TITLE DS	NAME PRICE, LANA	<input checked="" type="checkbox"/> Delete	TITLE DV	NAME Weymouth, Susana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15522 LAKE GRACE DR	CITY-ST-ZIP ODESSA, FL 33556		STREET ADDRESS 3200 Hawthorne Rd. W	CITY-ST-ZIP Tampa, FL 33611	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Diane M Kelly</u> <u>Diane M Kelly</u> <u>4/30/07</u> <u>800 906 0513</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					