


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90100 008 ****70.00

DOCUMENT # N03000006138	
1. Entity Name HILLSBOROUGH RIVER WATERSHED ALLIANCE, INC.	

Principal Place of Business 8102 SHELDON ROAD APT. 1104 TAMPA, FL 33615	Mailing Address POST OFFICE BOX 21405 TAMPA, FL 33622
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2. Principal Place of Business - No P.O. Box # 3910 U.S. Highway 301 N Suite, Apt. #, etc. 180	3. Mailing Address 2420 W. Brandon Blvd. Suite, Apt. #, etc. 210
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City & State Tampa, FL	City & State Brandon, FL
Zip 33619	Zip 33511
Country USA	Country USA



01312007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0147812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOROWITZ, MITCHELL I 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602	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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KROH, STANLEY 2881 BAYSHORE TRAILS DRIVE TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WALKINSHAW, JOHN 3211 BANYAN HILL LANE LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOPPIN, GREG 15402 US HWY. 301 NORTH THONOTOSASSA, FL 33592 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN, STU 316 S. RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KYM ROUSE 3910 US HWY. 301 N. ST. 180 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYCE, MARINA 5339 COUNTY ROAD 579 SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jennifer Sterling P.O. 2104 Tampa, FL 33601-2104 <input type="checkbox"/> Change <input checked="" 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>Kym Rouse Campbell</u>	1/31/2007	813-664-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		