


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

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT #</b> N03000009130 <b>1. Entity Name</b> HILLSBOROUGH ADVOCATES FOR IMPROVED TRANSIT, INC.	
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<b>Principal Place of Business</b> 4123 HENDERSON BLVD. TAMPA, FL 33629	<b>Mailing Address</b> 4123 HENDERSON BLVD. TAMPA, FL 33629
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04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-0321590	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MILLS, GLORIA 4123 HENDERSON BLVD. TAMPA, FL 33629
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<b>DO NOT WRITE IN THIS SPACE</b>
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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** Gloria Mills 4/24/06  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**9. Election Campaign Financing** ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MILLS, GLORIA 4123 HENDERSON BLVD. TAMPA, FL 33629
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MATHURIN, PIERRE 3409 W CARACUS TAMPA, FL 33614
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> BROWN, SHERYL 1106 W PLATT ST TAMPA, FL 33606
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<p>000000552279 05/15/06-80005-002 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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**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:** Gloria Mills 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #